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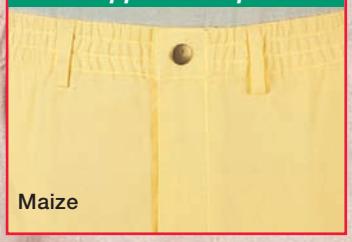

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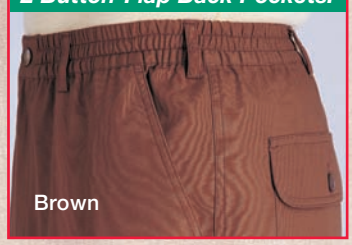

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For God and Country

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The American Legion Magazine, a leader among national general-interest publications, is published monthly by The American Legion for its 2.7 million members. These wartime veterans, working through 15,000 community-level posts, dedicate themselves to God and Country and traditional American values; strong national security; adequate and compassionate care for veterans, their widows and orphans; community service; and the wholesome development of our nation's youth.

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Time to act

The author of "The Case for Preemptive Strike" (March) says a lot of things you won't hear in the media blitz depicting our president as a warmonger. Those against conflict in Iraq don't realize that in war it pays to be the visiting team. As an active-duty Navy member about to head to the Persian Gulf, I fully understand we are doing what's necessary. Why does it seem that many Americans would rather wait until we have another tragedy equal to or worse than Sept. 11 before they see we must act now to protect our country's future?

– Charles T. Canterbury, Virginia Beach, Va.

Armed missionaries

I strongly disagree with Jack Spencer's article "The Case for Preemptive Strike." By the time this letter appears, the United States will most likely have invaded a country that didn't provoke our attack. In addition, the invasion will have taken place with extremely strong international opposition from both our historical allies as well as our enemies.

The George W. Bush "preemptive-strike foreign policy," which includes the use of nuclear bombs as first-strike weapons, initially was proposed by a Pentagon hawk during his father's presidency. Then-president George H.W. Bush immediately dismissed the policy as being too much like the policies of pre-World War I and World War II Germany: if we dislike you or covet your resources, we will invade you and take them for ourselves. As a true combat hero of World War II, the elder Bush's position on this new bellicose war policy has far more credibility with me than his son's position.

I am afraid our soldiers are being put in harm's way for frivolous reasons. Our armed forces should defend our nation, not be used to forcibly evangelize the world as armed missionaries of the American way of life.

– John Morrell, Port St. Lucie, Fla.

Fitting tribute

Bill Mauldin's cartoon "Goodbye, Old Friend" (Parting Shots, March) is a great tribute. I served in the European Theater between January 1943 and October 1945, and I always looked forward to *Stars & Stripes*. My wife has framed that drawing.

– Ervin Krueger, Hemet, Calif.

No surprise

Jonathan Turley's article "A Legacy of Broken Promises" (March) was most disheartening but not surprising. Our government's sorry response to the needs of its veterans once an emergency ends continues to the present. In my opinion, the worst case of all has been the lack of response to Gulf War Syndrome. At least for World War II and Korean War veterans, our government took several decades to break its promise. For Gulf War veterans, our government reneged on its responsibilities from the get-go, invoking a policy that was at best incompetent and at worst downright duplicitous.

It's a sorry state of affairs when it takes financing from Ross Perot to shed some light on the fact that the health problems our Gulf War veterans are suffering are quite possibly the result of minimal exposure to poison gas. If Truman had been president during this period, Gulf War veterans would never have been abandoned in the way they have been under Bush, Clinton and Bush.

– Maurice M. Matthews, Pittsburgh

WE WANT YOUR OPINIONS

The American Legion Magazine welcomes letters concerning articles that appear in the publication. Be sure to include your hometown and a daytime phone number for verification. All letters are subject to editing. Send your opinions to:

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e-mail: magazine@legion.org
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Breach of contract

I'm outraged at the thought that "the only thing preventing Washington from reneging was a moral commitment," as stated in the article "A Legacy of Broken Promises." In my 25 years of practicing law in upstate New York, an offer by one party to compensate another for performance of an act creates an unenforceable unilateral contract. When the other party has completed performance, a bilateral contract is created enforceable in a court of law. The concept is, "I'll give you $10 if you mow my lawn." If you don't, OK, but if you do, you are entitled to the $10. This is the law in all states. We should sue in state courts for what was promised.

– Richard J. Lanzara, Venice, Fla.

Barrage of numbers

Amen to "A Deluge of Dubious Statistics" (March). The ignorance, naivete and just plain lethargy with which the public hears and believes the endless barrage of numbers spewed forth by the mainstream media is unbelievable. Shoddy, unchallenged "research" results in bogus "statistics" that are quoted and misquoted to further the latest agenda. Examples cited by author Jeff Stoffer don't even begin to describe the stupidity of it all.

– Charles P. Busbey, Dripping Springs, Texas

Statistics' two sides

When reading Jeff Stoffer's article about statistics, one must keep in mind the prime axiom concerning them: "What statistics reveal is interesting. What statistics conceal is vital."

– David Brazelton, Bradenton, Fla.

Too easy on Brits

The article "The Fighting Irish" (March) was good, but it was too easy on the British, who subjugated the Irish for centuries. It's OK nowadays to talk about allies. Look how the government speaks of France, who by the generosity and skill of French officers made our revolution succeed.

– Bill Deckelman, Alexandria, Va.

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Not quite 800 years

Thank you for a quality publication that excels in accuracy and dependability, with one recent exception. Robert McGarvey's article "The Fighting Irish" contained one notable error. The opening sentence stated that Irish Protestants and Catholics "have been at each other's throats for about 800 years." The Protestant Reformation did not occur until 1517, and Protestants were not an issue in Ireland until about a century later. Maybe the Irish and the English have struggled for 800 years, but most certainly not Catholics and Protestants for more than 400 years.

– The Rev. J.D. Scott Jr., Milton, Del.

Fuzzy math

In March's Big Issues, Sen. John Kerry, D-Mass., says minimum wage "must be increased to $8.14 an hour just to restore the purchasing power it had 33 years ago," when those of that era "could own a house, raise a family and think seriously about sending a child to college." Imagine being able to restore that dream by doing nothing more than raising the minimum wage.

Is it possible? Working 40 hours a week, 52 weeks a year at $8.14 an hour will result in a gross income of $16,931 but a net of $15,636 after FICA holdings. On this amount you might somehow raise a family and purchase a low-cost home. However, you need not waste time thinking about sending a child to college unless purchasing a bus ticket qualifies as part of the dream.

I sincerely hope Kerry gets better advice as well as statisticians for his upcoming presidential race. He obviously needs some guidance.

– David A. Geiger, Murphysboro, Ill.

Old argument

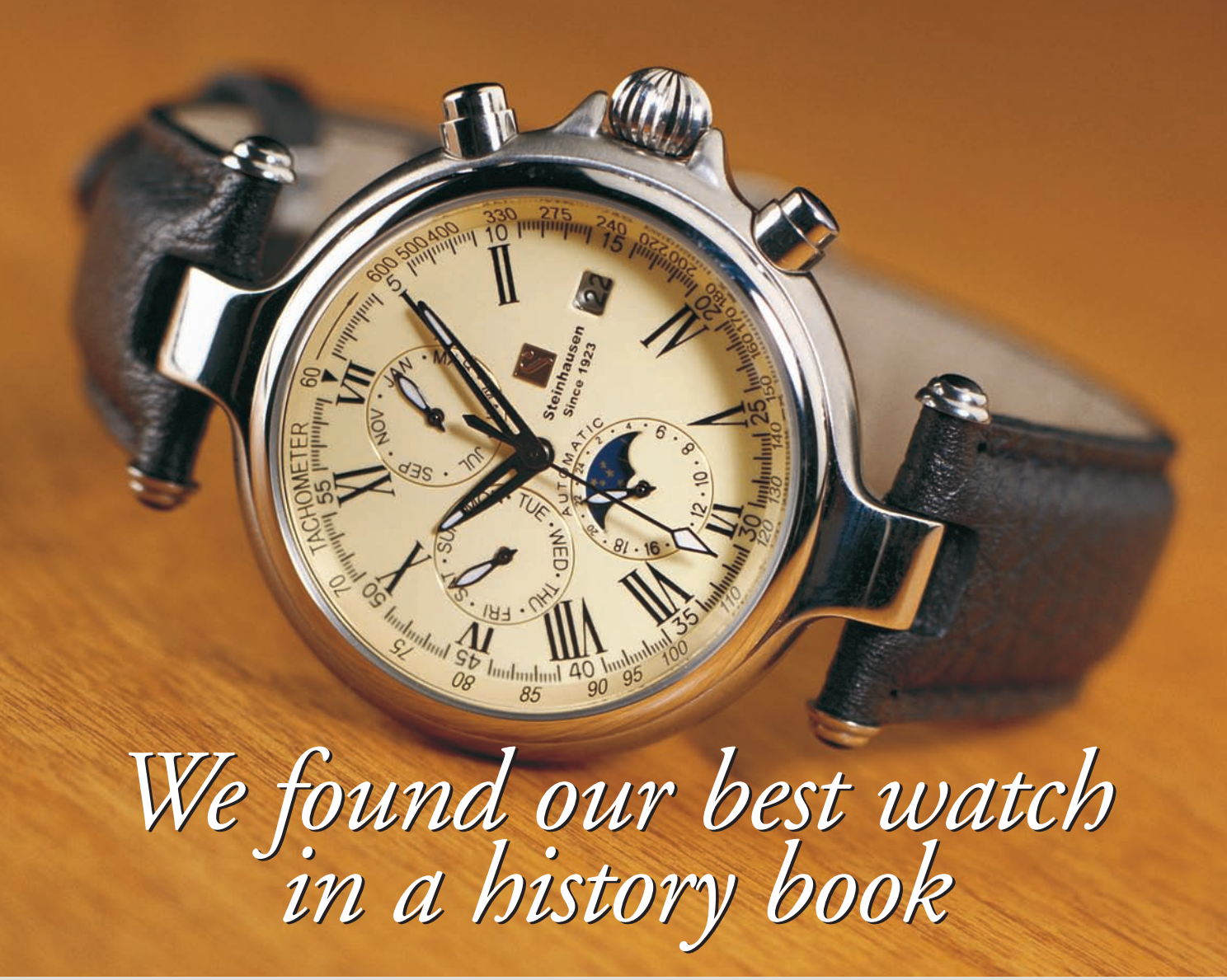
Rep. Charlie Norwood, R-Ga., echoes the timeworn argument that increasing the minimum wage causes unemployment. He wants to give the top economic strata tax breaks while shortchanging others who are without health insurance and, in many cases, jobs. He believes in the discredited idea of trickle-down benefits. Norwood is right about the best welfare program being jobs, but he and his kind have done almost nothing to help the unemployed get them.

– Ken Curtis, Valley Park, Mo.

Waste of time

I laughed as I read the words of OPM Director Kay Coles James regarding veterans preference for federal government jobs ("Vets Benefit From Hiring Preference," Legion News, February). In the 10 years since I left the Army, I've applied for more than 40 federal jobs — many for which I was overqualified. I've had one interview. A relative who works for a federal entity told me not to waste my time, because any job posted "they already know who will get it."

– Dean Wingerd, Meadow Bridge, W.Va.



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A responsibility to veterans

National Commander Ronald F. Conley
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America is very good at remembering those who died, but too often, it forgets about those who lived.

This month, Americans honor those who gave their lives in service to their country. Our citizens will gather for Memorial Day ceremonies across the country and pay respects to U.S. servicemembers killed in the line of duty.

America is very good at remembering those who died, but too often, it forgets about those who lived. Everyone who goes to war comes home changed. Some of the scars are visible and easy to see. Others are invisible, but they still hurt. There are hidden scars associated with war that only a veteran knows. The "hidden scars" can stay with a veteran long after the visible wounds heal.

These men and women put their lives on hold, said goodbye to their families and then marched off to face an enemy intent on killing them. But they went anyway. Society has a moral obligation to those who came home, an unwritten contract that says, "You put your life on the line for this country; now this country will be there for you." It's not a handout. It's something our veterans have earned.

In 1983, the U.S. Supreme Court overturned a U.S. Court of Appeals decision undermining the tax-exempt status of The American Legion. In explaining the court's decision, Justice William H. Rehnquist said, "Veterans have been obliged to drop their own affairs and take up the burdens of the nation, subjecting themselves to the mental and physical hazards as well as economics and family detriments which are peculiar to military service which do not exist in normal civilian life. Our country has a long-standing policy of compensating veterans for their past contributions by providing them with numerous advantages. This policy has always been deemed to be legitimate." [citations omitted]

Honoring the moral obligation to veterans didn't start in America. Western culture has a history of taking care of its veterans. Ancient Rome was one of the greatest military powers in history. Once its soldiers had served their country, their government didn't fail to pay back the men who had taken them to greatness. Upon retirement, veterans of the Roman army could expect to receive a grant of land and a pension. Sometimes, colonies of retired soldiers were founded in conquered territories as outposts of the empire. Prior-service veterans often were given extra pay and privileges.

Centuries later, France also made serious efforts to take care of its veterans. The Hotel Royal des Invalides received and lodged all officers and men crippled or old and frail, and it guaranteed sufficient funds for their subsistence and upkeep. Approximately 111,394 soldiers were admitted to the Invalides between 1692 and 1769. A school to teach illiterate veterans to read and write and make them more marketable for preferential employment also was created at the facility.

Additionally, the French government created a uniform pension system for all retiring professional soldiers and officers of the same rank, basing the payments on rank and length of service.

Early America was no different. In 1636, the Pilgrims – at war with the Pequot Indians – passed a law that made Plymouth Colony responsible to support any soldiers disabled during the conflict. That carried over to the Revolutionary War, when pensions were expanded to provide for those disabled in the line of duty, those veterans serving for a specified period of time, and to the widows of those killed in the war and veterans having served a specific period of time.

The first official pension legislation for the colonies was enacted in 1776, when the Continental Congress voted to provide half-pay for officers and enlisted men disabled in the line of service and rendered incapable of earning a living. The benefit continued for the duration of the disability. Several states also provided land grants to former soldiers, and in 1811 the government created the country's first domiciliary and medical facilities for veterans.

Fifty years later, civil war split America. In five years, hundreds of thousands of soldiers either died or were wounded on American soil. President Abraham Lincoln knew it was society's responsibility to take care of those who would soon be returning home from battle. During his second inaugural address, he said, "… let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

The post-Civil War era saw the establishment of veterans' homes providing domiciliary care. The homes eventually were

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– Chief Justice William H. Rehnquist

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opened to veterans of the Indian Wars, the Spanish-American War and the Mexican Border period, as well as discharged regular members of the armed forces.

But as our country grew and modernized, it took a step backward when it came to honoring its promises. President Franklin D. Roosevelt wiped out $400 million in veterans benefits in 1933, and although his action was reversed a year later, it was a preview of things to come. Vietnam veterans came home to indifference on the part of their fellow citizens. Some were harassed by Americans who never fully understood the United States' involvement in the Vietnam War. The sacrifices they made were lost in the politics of the era. Those whose experiences in Vietnam left them shocked and needing help weren't given the guidance they needed to successfully readjust to civilian life.

Along with the psychological remnants of Vietnam came the other not-so-visible scars. Agent Orange, a herbicide containing cancer-causing dioxin, was sprayed by U.S. troops in Vietnam. Many of those exposed to the dioxin developed cancers and other ailments. But their pleas for help fell on deaf ears. Many in the government said a study of these health effects could not be conducted. However, in 1986 The American Legion and Columbia University Vietnam Veterans Study findings were published, demonstrating that it is possible to carry out such a study. A follow-up to this broad-based epidemiological study now is under way.

Today, veterans still find themselves running in bureaucratic circles when it comes time to seek health care, file claims and receive benefits. Because of a lack of funding by the government, wait times for VA health care can span more than a year. Approximately 700,000 veterans are waiting to have VA claims adjudicated. Some die in line waiting for the care they earned. Veterans aren't allowed to use Medicare at VA facilities, despite the fact they've been paying into the Medicare system their entire working life. Veterans still bear the burden of proof when it comes to getting benefits for war illnesses. Funding continues to increase to study Gulf War illness, but many of those suffering from it go untreated because no link has been established yet.

Somewhere along the line, the words to the contract blurred. After the fighting stopped and the celebrations ended, society moved onto other priorities. The benefits veterans earned and deserve fall by the wayside. Money wasn't an issue when these men and women were called to duty, and it shouldn't be when it comes time to repay them for their service.

On Memorial Day, we remember those who paid the ultimate price for America's freedom. But we must never forget those who served and came home. They too paid a price.

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A System Worth Saving

Critical Condition

American Legion leads national effort to save the VA health-care system.

National Commander Ronald F. Conley was not surprised by the thousands of "I Am Not a Number" survey forms from frustrated veterans that poured into National Headquarters during the first weeks of the campaign. ***Tom Strattman***

The dreams of 47-year-old Navy veteran Joe Lopez are scorched by the hell of post-traumatic stress disorder. It all comes back: carnage in the hangar bay, the groans of mortally wounded men, the scent of death – everything he experienced during U.S. rescue operations off the coast of Cambodia in spring 1975. When in treatment for PTSD, Lopez is a hard-working father and proud veteran. When he does not get the medication he needs, it all comes back, the bucket that hovers over his head, poised to purge all the gruesome contents of his first detail in Southeast Asia.

Last winter, nearly nine months passed with no treatment, no meds, for Lopez. He had moved from New Mexico to Colorado and was advised that if he wanted the specialized care of a VA medical facility in his new location, he would have to get in line for it. Like hundreds of thousands of veterans across America, he added his name to a list. Such lists are found in every state. Thousands of men and women wait months, even years, to see doctors. Their access to VA health care has been restricted and denied because the system is mired by the imbalance of unprecedented demand and inadequate funds.

That's the gap that keeps a veteran like Joe Lopez wondering when and if he will ever see a VA doctor.

In an interview with *The American Legion Magazine* that starts on Page 32, VA Secretary Anthony J. Principi recognizes the predicament. "One way or the other, this imbalance has to end because it's not fair," Principi says. "It's not fair to veterans for Congress to declare all 25 million veterans can go to VA for health care, yet have another provision of law that says VA is only authorized to extend care to the extent that resources are made available through appropriation acts."

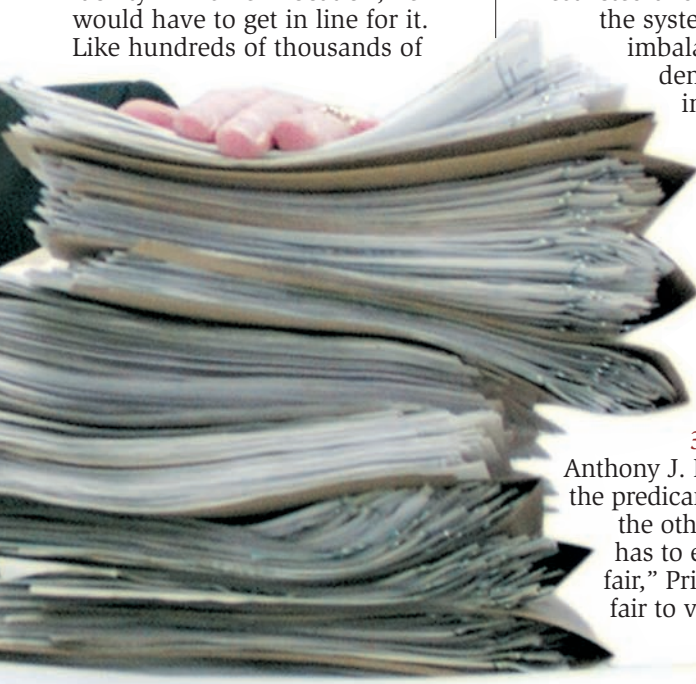
American Legion National Commander Ronald F. Conley, who has been personally visiting VA facilities from coast to coast, says mandatory funding is the answer. In an interview that begins on Page 16, Conley says: "The bottom line is VA needs a budget it can depend on. Otherwise, the response to overwhelming demand will always be to cut costs and services and to exclude certain veterans."

Rep. Chris Smith, R-N.J., chairman of the House Veterans Affairs Committee, introduced mandatory-funding legislation in the 107th Congress. On Page 52, Smith makes the point that "VA health care is the only major federal health-care program that isn't funded by a guaranteed, fixed formula. As a result, VA's budget doesn't keep pace with needs for services."

And so, health care is rationed. Only so many can get it. The rest wait. "For elderly veterans, nothing is more precious than time," Conley writes in a special report that starts on Page 44. "I have talked with some who feel VA is simply waiting for them to die."

The American Legion's nationwide "I Am Not a Number" campaign, Page 14, has shown the collateral damage of this national crisis. More than 3,000 veterans offered their stories in the opening months of the effort, putting flesh and blood on an issue that should never be reduced to statistics. A sample, including the story of Joe Lopez, follows.

This assemblage of articles stands as much more than a recognition of a national crisis. It is a call to action. America's veterans and their families are depending on their fellow veterans for answers.



'I Am Not a Number'

American Legion campaign reveals human side of crisis.

America's veterans believe the VA health-care system is worth saving. But they are frustrated, waiting hours in line to get prescriptions or to see doctors on over-scheduled appointment days. Worse, many haven't even gotten that far. Hundreds of thousands of veterans are waiting months, even years, for initial primary-care appointments.

They feel that in the eyes of the government they swore to protect that they are regarded as little more than numbers.

The American Legion's nationwide "I Am Not a Number" campaign, launched last November, was designed to change that perception for veterans, the public and those with power to improve the system.

Thousands of veterans responded to the Legion's survey between November and February. Surveys continue to pour in. Stories of frustration span from the World War II veteran who is told he cannot see a doctor for a year to the Gulf War veteran who has been waiting months for any response to his enrollment application paperwork.

The "I Am Not a Number" campaign is not a scientific survey. It was not undertaken to burden the problem with more statistics. It is a collection of testimonies, a body of human evidence. Still, quantitative results from the study are revealing:

- Of the 3,135 surveys received at the time of this writing, veterans reported waiting an average of seven months each for primary-care appointments. Many said their names had been added to waiting lists one to two years deep.
- The average wait to see a doctor after checking into a VA clinic for an appointment is 1.6 hours past the scheduled time, according to survey respondents.

Faces Behind the Cases

Joseph Lopez

Colorado Springs, Colo.

Age: 47

Military service: U.S. Navy, 1973-1983

VA facility: Colorado Springs, Colo., Vet Center

Frustration: Difficulty getting appointment after moving to new state

My story: I had no inkling anything was wrong until I got into my 40s. I knew nothing about post-traumatic stress. I did not want anything from the government, other than the education benefits I earned after I was discharged. In the spring of 1996, I was a single dad living in New Mexico. My daughter, who was in the seventh or eighth grade at the time, came to me and said, "Dad, I'm doing a report on Vietnam." Part of her homework was to watch the PBS special "Vietnam: The American Experience." By chance, they covered the SS *Mayaguez* operation, which was my first operation in Southeast Asia. I was sitting there, watching, and I became very disturbed by what I saw and what I remembered, the men who were wounded, some horribly maimed, men on the USS *Coral Sea* on the hangar bay, that amount of carnage to view, the smell, the smell of napalm from the beach-head landing … what got to me was the moaning and the groaning and the blood. I got up and could not watch it anymore. But I could not put the memories out of my mind.

The next morning, I woke up at 3, trembling. I sensed serious and imminent danger. I kept having these dreams. I was on the whale boats, on the shoals off Cambodia, in my own home. It was overwhelming and disturbing. This was 18 years after the fact. The next day, I got up and went to work, and my supervisor came up and said, "We're sorry, but we have to lay you off." I never before in my life felt homicidal, but I did at that moment. I went home and cried for over an hour. I talked to a friend, an old point man, and he recommended I go to the VA. He said it sounded like I was having a post-traumatic-stress episode.

I went to VA in Albuquerque. They interviewed me and gave my a psychiatric analysis. I started a regimen of antidepressants, but I still woke up remembering the smells, seeing blood on my hands. I was diagnosed with PTSD. They gave me a great psychiatrist there and the medication I needed. I went back to work and raised my children.

I moved to Colorado nine months ago. The first week I was here, I went into the VA. They said they would contact me in 30 days. I called them 60 days later, and they told me it would be 30 days. Seven months went by. No appointment. No medication. I have not been seen by any VA doctors, and my situation has gotten worse. It's an atrocity. After I contacted my congressman, I got a letter from VA in Colorado saying they had been trying to contact me since 1998, which was funny. I had only been in Colorado for eight months.

If I don't take my medication, the dreams come back. It's like a bucket always over your head about to fall on you. I am not seeking financial help. I'm seeking treatment for something that happened to me while I was in the Navy. I have contacted peo-

'The trouble is that the men in these hospitals are 'cases.' They are represented by so many pieces of paper in some bureau in Washington. We want to humanize the whole thing, and say, 'Here is Jim Smith's case, my friend. What do you propose to do about him?' That is the thing that we want to do, and we can do it. It is our primary motive for living.'

– National Commander F.W. Galbraith,
speaking at the 1920 American Legion Commanders and Adjutants Conference, about the "warehousing" of World War I veterans

■ Fifty-eight percent of those who returned surveys said they had an appointment rescheduled by VA. The wait for that rescheduled appointment averaged 2.6 months.

■ On a scale of 1 to 10, veterans who responded gave VA an average quality rating of 6.

The American Legion will continue to collect survey responses and do everything in its power to elevate the issue to those who have power to make VA health care a higher priority and get answers for veterans in need.

In the following pages, you will find a mere fraction of the thousands who are caught in the so-called VA "backlog." They are the faces behind the cases, human casualties in the battle for an adequately funded health-care system.

They are the "Jim Smiths" of the 21st century. And the question remains the same as it was for Commander F.W. Galbraith in 1920: what do you propose to do about them?

ple I served with in other parts of the country. They have the same problems. VA is acting as if they are not responsible. Every time I deal with them, I get depressed. I want to change it somehow. I am not a number. I am a man. I am a man who served his country to the best of my ability for many years. It's degrading to go to VA, and my situation has gotten worse.

Armand Dandurand

Minneota, Minn.

Age: 66

Military service: U.S. Air Force, 1957-1961

VA facility: Sioux Falls, S.D., VA Medical/Regional Office Center

Frustration: Primary-care appointment rescheduled three times

My Story: I have been waiting more than two years to see a VA primary-care doctor. My original appointment has been rescheduled three times: eight months the first time, and six months each the second and third times. I still have not seen a doctor. They canceled each of my appointments about a month before I was scheduled to see a doctor. They said they did not have enough staff to handle my appointment. I have quit trying.

The waiting game

Initial responses to The American Legion's "I am Not a Number" campaign ranged from the typical to the incredible.

Theodore R. – The Villages, Fla.: Acquired a Universal Access Card at the Miami VA hospital before moving to central Florida. He applied at the Leesburg VA Clinic and was told his card didn't apply to the area. He filled out forms for a waiting list and called six months later for a status report. He said they lost his forms, so he reapplied and has heard nothing. His wait has been 15 months.

Thomas M. – Shoreview, Minn.: Applied for VA care in March 2001 and received an acceptance letter in May 2001. He was told he'd be contacted by mail regarding an initial appointment. He has heard nothing since.

Francis G. – New Prague, Minn.: Has been waiting for an appointment for 18 months. He has contacted VA and was told he is "in the system."

George K. – Los Angeles: Checked in and waited three hours to see a doctor. He says his primary doctor wanted to see him in two months, but he could not get in for four months. Later, he received a call that the appointment needed to be rescheduled for two months after that.

Carl Y. – Highlands Ranch, Colo.: Waited 11 months for appointment. He wanted a physical for upper respiratory problems he feels are related to Agent Orange. He said that once he saw a doctor, "they denied any responsibility," and says he was told VA is "broke."

Merle B. – Edgewood, Md.: Waited three years and never got an appointment. He finally gave up.

Roland B. – Toronto, S.D.: Waited 18 months for a primary-care appointment. He has multiple sclerosis and takes medication for his blood pressure. He waited a year for an appointment that VA canceled.

Jack M. – Sparta, Tenn.: Has been waiting 11 months for a primary-care appointment. He says he is expected to live three to five more years.

David M. – Fruitland Park, Fla.: Has been on a waiting list for five years to change his primary care from Gainesville, Fla., to Leesburg.

Peter G. – Villas, N.J.: Has been waiting five years for a primary-care appointment.

Claude R. – North Fort Myers, Fla.: Received a letter from VA on Dec. 19 canceling his appointment for March 9, 2004. Roberts had not even been notified he had been given an appointment in the first place.

Richard T. – Winter Haven, Fla.: Has been waiting since March 2002 for an appointment. He says he called 10 times and was told he was on the list. He visited Tampa in person, where a customer-service agent told him, "In order for me to get an appointment, someone has to die."

Darrell A. – King, N.C.: Was diagnosed with cancer. He signed up with VA more than a year ago and still has not had a primary-care appointment. He says his leukemia medication costs $2,400 a month, and when his private insurance ends soon, he will not be able to afford it.

In an interview with The American Legion Magazine, *National Commander Ronald F. Conley explains why VA health care is now the organization's highest priority.*

A Storm on the Horizon

BY JEFF STOFFER

Air Force veteran Ronald F. Conley, a third-generation pipefitter from Pittsburgh, has been on a very strange journey this year. All across America, he has eschewed cocktail hours and banquet tables to punch the clock each morning, roll up his sleeves and get to work – as he has done throughout his career – in an attempt to steer VA's beleaguered health-care system away from disaster.

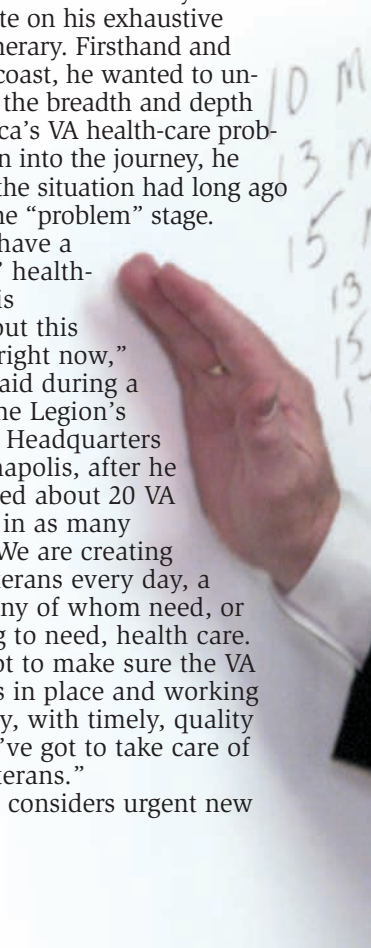
It has not been an easy job – often frustrating, often fraught with political chutes and ladders. But when he was sworn in as national commander of The American Legion in August 2002, Conley did not expect a vacation.

While polo-shirted snowbirds hit golf balls around Tampa, Fla., Conley was at Bay Pines VA Medical Center, listening to inside stories from disgruntled patients and overworked nurses. While one-armed bandits inhaled and exhaled coins down on the strip, Conley was elsewhere in Las Vegas, at an ambulatory care center leased by VA, asking why the building was collapsing five years after it was built. Ordinary winter travelers to Idaho were renting SUVs and heading for Sun Valley; Conley was trying to work the math of how a Boise VA hospital might function – with its 5,000-deep waiting list – if all the National Guardsmen and reservists on staff were suddenly called to active duty. In Dallas, the commander gazed down the dark corridor of a long-term care facility and wondered if he was looking at a ghost from the 1940s.

This was his odyssey, the fulfillment of a challenge he made to himself shortly after assuming leadership of the world's largest veterans organization. Conley – a veterans' health-care advocate for more than three decades in Pennsylvania – set out to visit at least one VA health-care facility in every state on his exhaustive travel itinerary. Firsthand and coast to coast, he wanted to understand the breadth and depth of America's VA health-care problem. Soon into the journey, he realized the situation had long ago passed the "problem" stage.

"We have a veterans' health-care crisis throughout this country right now," Conley said during a stop at the Legion's National Headquarters in Indianapolis, after he had visited about 20 VA facilities in as many states. "We are creating more veterans every day, a great many of whom need, or are going to need, health care. We've got to make sure the VA system is in place and working efficiently, with timely, quality care. We've got to take care of these veterans."

As VA considers urgent new



ways to cut costs – from downsizing medical facilities to denying enrollment for certain demographic classes of veterans – Conley hears the low thunder of change, a storm years in the gathering. It has been gathering in overbooked medical centers where budgets seem built to fail, in regional service networks called "VISNs" (Veterans Integrated Service Networks) that compete like sharks in a pool of fixed federal funds, and in board rooms where business models and budget tools can't seem to dig a secure bunker for America's moral obligation to its veterans.

Something is about to break. Conley knows it. VA knows it. Congress knows it. Hundreds of thousands of veterans who are waiting in line for health care know it.

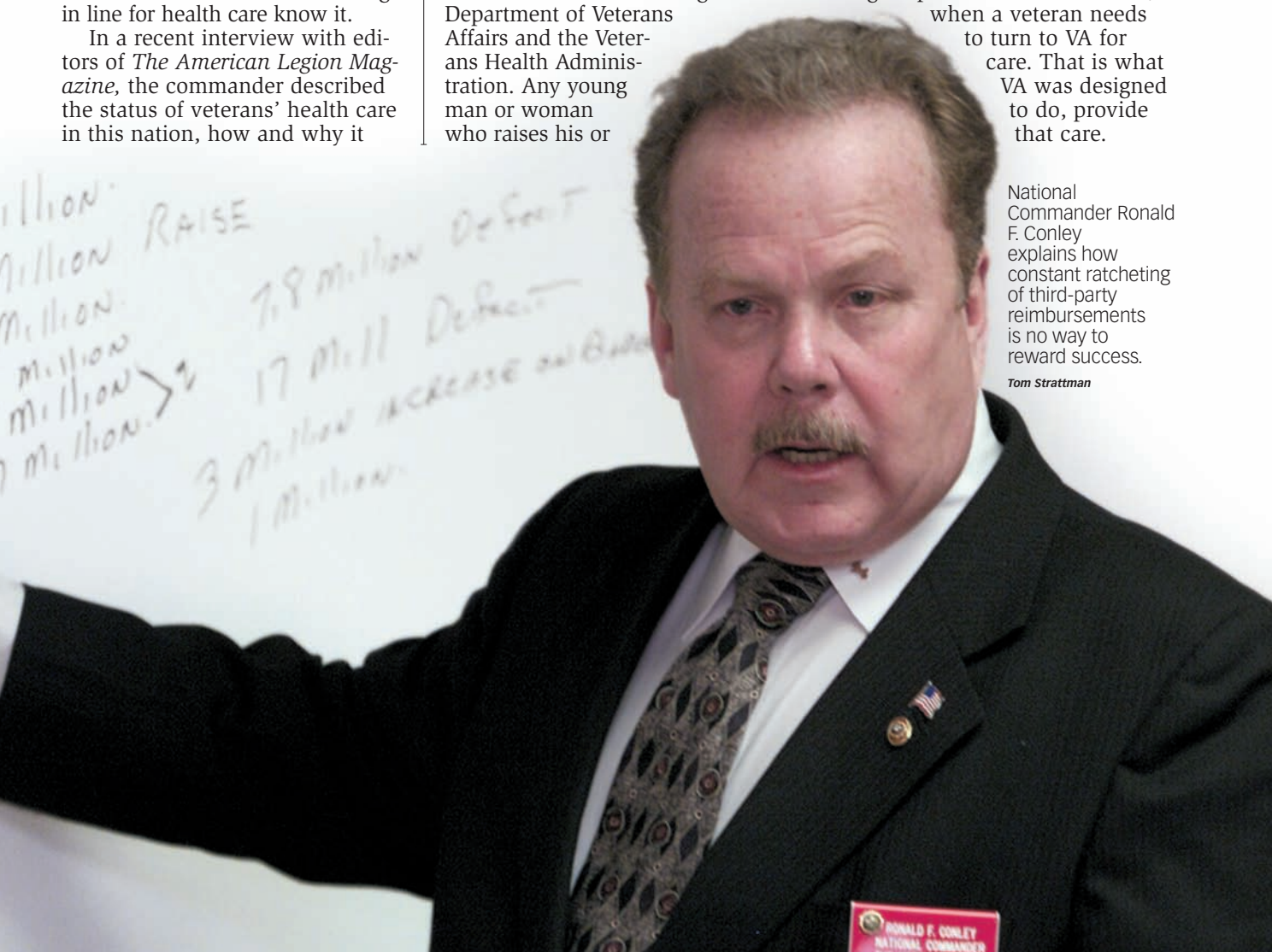
In a recent interview with editors of *The American Legion Magazine,* the commander described the status of veterans' health care in this nation, how and why it reached this point, and what can be done before it's too late.

The American Legion Magazine: Why should Americans pay for veterans' health care?

Ronald F. Conley: Let's go back to the rationale for any country to provide benefits and health care to veterans. It comes from the Judeo-Christian tradition, since the time of the Greek city-state, through Rome, through Western civilization, through all elements of civilization where we inherited our values. Civilizations provide benefits for men and women who serve to protect their way of life.

In the 20th and 21st centuries, the American people – through their elected officials – have provided these benefits through the Department of Veterans Affairs and the Veterans Health Administration. Any young man or woman who raises his or her right hand and takes the soldier's oath – to defend their country, no matter the place or branch of service – the government has an unwritten contract to care for them, a moral obligation. These people performed the ultimate act of citizenship. They volunteered or were drafted and put on our nation's uniform to defend with their lives, if necessary, our way of life.

Many do not return with injuries you can see right away. But they come back permanently changed. Military service is a life-changing experience. We have learned over the years that many of these changes make themselves known later in life: hypertension and PTSD, to name two. There may come a time, depending on personal circumstances, when a veteran needs to turn to VA for care. That is what VA was designed to do, provide that care.



National Commander Ronald F. Conley explains how constant ratcheting of third-party reimbursements is no way to reward success.

Tom Strattman

Everyone who serves gives up time. That's time away from families, jobs and away from securing an education. They put their lives on hold and took the risk of putting their lives on the line. That's the basis for VA health care, the reason we provide it. The least this government can do is take care of the health needs of those who were willing to be placed in harm's way for America.

Conley discusses equipment issues with MaryJo Bruce, a physical therapy assistant at the Carl T. Hayden VA Nursing Home Care Unit in Phoenix, while patient Thomas Tompkins takes a break from treatment. ***Jeff Stoffer***

TALM: What was it like when you first joined The American Legion?
RFC: VA had a hospital-based system that focused on the service-connected, the elderly, the tired, the poor – and, if not by policy certainly in practice, a full continuum of health care was provided. If a veteran needed help, he was not turned down. And there were not the waiting lines we have now.

TALM: So, if you were shot in the foot during your tour and you went into a VA facility later with a broken arm, they would treat you?
RFC: That's what happened. Practice makes policy. Imagine a veteran coming into a VA hospital with a leg cut off below the knee – 40-percent service-connected – who needs his heart looked at. No way was any VA doctor going to tell him to go somewhere else. It was an all-inclusive system.

TALM: What changed?
RFC: VA health care gradually shifted as various legislative changes came into effect. Delivery of care changed from inpatient to more outpatient and home-based services. In the 1980s, they started categorizing veterans. You were an A veteran, a B veteran, a C veteran. Means testing was extended to all veterans, and copayments and third-party reimbursements from insurance companies came in. Now it's priority groups 1, 2, 3, etc., as new and different criteria were established to determine where you were to be categorized.

Some veterans got squeezed out. In Pennsylvania, wives started calling me, wives of veterans who were in VA facilities saying their husbands were being forced out of the system. It used to be VA had some discretion because the system was not nearly so budget-driven as it is now. Families were told to move their husbands and fathers into nursing homes or VA would do it for them. Some VAs would pick up the cost for 30 days, 60 days or 90 days, but from then on, the burden was on the families. We

Faces Behind the Cases

Robert Faye Thomas
Arcadia, Fla.

Age: 71
Military service: U.S. Navy, 1950-1971
VA facility: Fort Myers, Fla., Clinic
Frustration: Waited two years to see a doctor, informed VA lacks funds to treat his condition

My story: I applied for VA health care in early 2000 and was finally enrolled in December 2001. I then had to wait more than a year to get my first appointment.

I finally saw a VA doctor in February and got an appointment to see a benefits officer in March. The doctor said I had severe hearing loss. The bad news was that three months before I saw the doctor, the Fort Myers VA stopped treating hearing-aid problems due to budget limitations. The only thing I came to VA for was hearing aids. I waited two years to get my first appointment and then found out the reason I came is no longer valid.

I put in 20 years of separations, hardships and sacrifices in the military. I served in Korea and Vietnam. After waiting more than a year to be enrolled, the thanks I received was to be placed in the lowest priority group and told that VA does not have the money to treat my hearing problem.

Forrest Stephen Costner
Conover, N.C.

Age: 55
Military service: U.S. Army, 1966-1969
VA facility: W.G. "Bill" Hefner VA Medical Center, Salisbury, N.C.
Frustration: Waited two years to see VA doctor

My story: A few years ago, I found out I had cancer, which my family doctor says may be related to my time spent in Vietnam. I tried to go through VA, which told me when I filled out my application that it would take two to three months to get an appointment with a doctor. I went back after waiting a year and was told not to worry because I was still in the system. They said I would just have to wait. It took two years. In the meantime, I had to go to a non-VA cancer specialist because I couldn't get into VA. Luckily, at the time I had my cancer, the plant where I worked covered the hospitalization. However, now I've been unemployed for six months due to layoffs. The cancer is gone now, but I've

made a push under (former VA Secretary) Jesse Brown and (former VA Undersecretary Kenneth) Kizer to put a moratorium on releasing long-term-care veterans from these hospitals. We were able to get that moratorium passed. Some of those veterans are deceased now, but they ended up staying in the facility they were used to. They ended up dying with some dignity.

A veteran is a veteran, no matter what category he or she is put in, no matter what the means tests conclude. In the 1990s, VA expanded enrollment, and care was made available to all who served. It was a good deal. VA actively reached out to veterans who did not know they now were eligible for health-care benefits. VA aggressively marketed to get them to enroll. And they did.

TALM: What was the problem with that?
RFC: They expanded the system and took in more veterans, but they didn't substantially change the budget. The philosophy of a VA for all veterans was great, but paying for it was a different story. That's how we got into rationing. When you don't have enough to go around, you ration.

TALM: Didn't VA's ability to collect third-party payments offset the cost of new demand?
RFC: The Veterans Health Care Eligibility Reform Act of 1996 told veterans they could all come. "Come on, enroll in the system," we were told. And yes, VA was able to start collecting and retaining first- and third-party reimbursements. But you have to understand that they cannot collect Medicare. That's a big difference between VA and other hospitals. And even though VA could collect from third parties, they had to learn how to do the billing. A lot of health-insurance policies back then said if you received care through a federal institution, you were exempt from coverage. That meant they had to change the law. Even then, some companies still did not pay dollar for dollar. It took education, time.

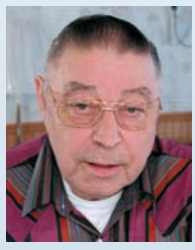
Once VA learned the billing process, they got pretty darned good at collecting third-party reimbursements. But now, every time a VA hospital director beats his target for those collections, the target is raised. That director does not benefit from having beaten the target. The reward for a surplus at the end of the year is a higher collection target the next time around. We have found this everywhere we have gone this year. In one state, the third-party target was $10 million; they collected $13 million, and so the target was raised to $15 million. If they don't collect that money, they have to find it somewhere, or they have to cut.

TALM: When targets cannot be hit, what are the options?
RFC: Medicine, by its very nature, is labor-intensive – doctors, pharmacists, nurses, medical staff, administrators. There are several things you do if you need to cut costs in a medical facility. You put off purchases, facility maintenance and minor construction. You cut back on employees. That's the quickest way. In places where the budget isn't sufficient, cutting

been told by my family doctor that I have Type 2 diabetes. I will be in real trouble if something doesn't happen with VA to fix this backlog problem. VA should have been there for me.

At the end of January, a VA doctor in Salisbury evaluated me. I drove two hours to get there. VA had set up booths in the Salisbury Civic Center. The patient exam rooms were in an unheated gym with two or three doctors and nurses shuffling people around. It was so chaotic they were getting the patient files messed up. My appointment was at 11 a.m., but I didn't get in until 2:30 p.m. I was the seventh person to sign in but about the 50th person to be seen. It felt like they were herding us through to cut the backlog.

I've worked every day of my life, and I don't expect the government to give me something for nothing. I helped them by serving in the military. Why can't they help me now?



Fabian Deutsch

Magnolia, Minn.

Age: 75
Military service: U.S. Army, 1946-1948
VA facility: Sioux Falls, S.D., VA Medical/Regional Office Center
Frustration: No physical after three years of waiting
My story: I applied for VA care in early 2000. I take eight pills a day for my heart, thyroid and gout. Medications cost me $300 a month. I would like a physical, so I can get cheaper prescriptions. I've given up, though. VA has rescheduled my appointment three times and recently told me I may not receive it. I was drafted at 18 and served in the Philippines. I feel I have help coming to me. VA asks if it's an emergency, and I always say no. Maybe that makes a difference. I know they've got all the patients they can handle, but I need help with my pills — that's all there is to it.

Robert C. Mueller

Clearmont, Fla.

Age: 75
Military service: U.S. Navy, 1945-1949
VA facility: Orlando, Fla., VA Healthcare Center
Frustration: Waited 14 months for primary-care appointment
My story: I applied for enrollment at Orlando VA in March 2002 and was assigned to Priority Group 7c. I called five or six times to find out when I could see a doctor but was told they were not accepting new patients until they got more money from the government. I finally heard from them in February and got a May appointment to see a primary-care physician. A lot of people could die waiting so long to see a doctor. That's not the way VA should operate. Fourteen months is too long to wait.

costs means cutting people. VA has empty beds and wards because they have been systematically downsizing – people and facilities – because of a lack of dollars.

Facilities compete to see who can cut costs more. One VISN director had a million-dollar slush fund he was paying to employees who came up with ideas about how to cut costs. It became very aggressive among employees trying to access that money. You can't do that. You cannot push people out of the system to save money … just get rid of them to get rid of the cost. I told them that.

'The least this government can do is take care of the health needs of those who were willing to be placed in harm's way for America.'

TALM: Is the CARES (Capital Asset Realignment for Enhanced Services) program a viable opportunity to create a more efficient system?

RFC: The potential is there, as long as the final product does what it is supposed to do – improve quality of care and access. It cannot be budget-driven. Throughout the process, as VA has tried to determine what facilities should be realigned – consolidated, expanded or condemned – we have fought to keep stakeholder voices audible. Sometimes things like this happen in a vacuum. I applaud the VA secretary for placing a member of The American Legion on the national CARES Commission. Veteran participation is important if there is to be veteran buy-in. Veterans need not only be informed – but also involved – at all levels.

I cannot say realignment is bad in and of itself. If it makes a more efficient system better able to serve veterans, of course I am all for it. If the final plan aims only to cut costs and make a smaller VA system, I think the plan will be rejected by veterans and their organizations.

TALM: How does the VA medical-school affiliation program control costs?

RFC: Every VA I went to that has any kind of agreement with a medical school tells me that if they did not have that agreement, they would not be able to staff their hospitals properly. Doctors do not come to VA hospitals because of money. They come for an education. They come because they are able to do research they are unable to do elsewhere. Because of that, VA hospitals are able to attract top-notch doctors.

In Indianapolis, the VA hospital does 200 heart operations a year. Two hundred. That's a pretty high number, and I think that shows one of the most important purposes of that hospital.

VA research gave us the pacemaker. Prosthetic limbs. Breakthroughs in the treatment of spinal cord injuries. There are dozens of examples. This relationship works because VA hospitals provide real patients, willing patients, and an environment for medical innovation that does not exist anywhere else. The affiliation program works because it is good for medicine and for veterans. More than 60,000

Faces Behind the Cases

Wayne D. Smith

Kalispell, Mont.

Age: 72

Military service: U.S. Army, 1951-1953

VA facility: VA Montana Health Care System

Frustration: Still waiting for primary-care appointment after two years

My story: I applied for veterans benefits about two years ago. At that time, they gave me a 90-day supply of medication that my doctor in Chelan, Wash., had put me on and said it would be a two-year wait to see a VA doctor. I was only able to renew the medication one more time. Since the Seattle office was so busy, I transferred to the Tacoma office, which is more than 200 miles from where I lived. At the Tacoma VA, they renewed by prescription and told me I would have to wait at least two years to see a VA doctor. I was able to renew my medication one more time. I drove to Tacoma to be checked, so I could continue my medication. I was refused because they claimed I hadn't returned a letter they sent. That wasn't true. Fortunately, I'd made a copy of the letter I'd returned and sent it to them. They never responded, so I called. They told me I would be put on another two-year waiting list.

If VA doesn't clean up the system for yesterday's veterans and we go to war with Iraq, we're going to have even more veterans in the same mess.

Thomas L. Brown

Attica, Ind.

Age: 54

Military service: U.S. Air Force, 1967-1973

VA facility: VA Illiana Health Care System

Frustration: Told by VA to fix own false teeth, appointments rescheduled

My story: I was eating breakfast when my VA false teeth fell apart. I drove to VA thinking they would take them into the dental office and repair them. I am diabetic and cannot risk getting cut or getting a mouth infection. That's why they made the false teeth for me to start with. They refused to fix them without a primary-care doctor's consultation. I waited more than two hours and did not get in to see the doctor. The nurse came out and told me they wouldn't fix the teeth today anyhow. So I would have to go without or fix them myself. I ended up gluing them myself. This is not good service. I can't eat without teeth. I am totally disabled and can't get around very good. It's a pain for me to go out.

Shortly after the teeth episode, I came down with pneumonia. It was a Saturday, so I called VA. The nurse said I would have to wait until Monday. I called Monday, and they said to call Tuesday. By Tuesday, it had gone into both lungs. If they would have taken me Saturday, it wouldn't have advanced as far as it did. On several occasions, my appointments have been rescheduled.

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medical students a year receive training through this affiliation. It is a national asset.

TALM: Why can't veterans' health care be provided at non-VA hospitals and clinics?
RFC: A voucher system? It's not going to work. VA health care is specialized health care. We found that out when Vietnam War veterans came home. Most private hospitals didn't understand Agent Orange or PTSD. They were not programmed to provide the kind of specialized care necessary to serve people with spinal cord injuries or who needed prosthetic limbs. We need a health system that's in tune to understand the unique needs of veterans. Also, VA has an important role as the main backup to the military system in case of federal emergency. I don't see how you can voucher that out.

TALM: Is any region of the country handling the challenges better than any other?
RFC: They're all under-funded, so they all have similar challenges. So, really, the answer is no.

A worker repairs a collapsing ambulatory care center leased by VA in Las Vegas.
James V. Carroll

TALM: Across the country, what are the consistencies?
RFC: The general operational issues through VA are the same: the backlog of veterans trying to get access, recruiting and keeping doctors, nurses and pharmacists, and a budget that does not reflect demand. I also have a great concern about a lack of care for Alzheimer's disease, dementia and psychiatric patients. Not all VAs are equipped to handle that, or they handle it in a small way.

TALM: What do you mean by the "backlog," and how many veterans are in it?
RFC: "VA backlog" refers to people who are waiting for VA to serve them. Decisions on initial claims, cases hung up in the appeals process, overbooked facilities and appointments that are rescheduled over and over because so many others are ahead in line – that's all backlog. Some veterans have been told their VA facilities are so backed up, they are no longer accepting new patients. And there are some who don't believe they will ever see a VA doctor, and so they give up. Maybe they go elsewhere. Maybe they don't have an elsewhere to go. The backlog takes many forms. It should not exist at all.

How many are in it? I have seen a dozen different figures. They're all in the hundreds of

Faces Behind the Cases

Ernesto A. Tafoya
Pueblo, Colo.

Age: 76
Military service: U.S. Navy, 1943-1946; U.S. Naval Reserve, 1946-1983
VA facility: Pueblo, Colo., Clinic
Frustration: Still waiting for appointment after more than two years
My story: I've been waiting more than two and a half years to get an appointment with a VA doctor. It took more than four months just to get an ID card, and that's only because I went in person to the VA center in Pueblo. They had to look through a stack of forms a foot high to find my application. It hadn't been processed yet, and I had turned it in four months earlier. The lady at the desk processed it in front of me in less than 30 seconds. The center promised to notify me when a doctor became available to do a physical. After several months, the Pueblo Boulevard facility closed. I went to the new facility and asked them to notify me as soon as a doctor became available. In the meantime, they said I should call the Colorado Springs facility if I had a problem. I waited and waited but they never called me. I called the VA facility in Colorado Springs. The lady I spoke with asked if I was willing to travel to their facility or another one. I told her I'd go to any facility in the state just to get into VA. They said they'd let me know. It's been months and still no call.

I finally gave up and contacted my senator's office in Pueblo. I related the information to his aide. The aide said my senator would look into it and told me to be patient. I got a letter from the senator in July 2002. He told me his staff had contacted VA about my case. I haven't heard anything since. Everyone says I have to be patient and wait.

The Department of Defense listed me as 100-percent disabled when I retired from service. Even though my health has deteriorated the past two years, I still consider myself fortunate compared to some of my buddies waiting in line at the VA hospital who are in much worse condition than I am and can't get help. That's depressing.

I'm not saying the government owes me anything. But when I signed up for the military, the government said they'd take care of me. They've been telling us that for 60 years. They haven't followed through yet, and it doesn't seem like they're going to.

Robert B. Haley
Kissimmee, Fla.

Age: 65
Military service: U.S. Air Force, 1954-1958
VA facility: Orlando, Fla., VA Healthcare Center
Frustration: Still waiting for primary-care appointment after more than a year
My story: I applied for VA health care almost a year and a half ago and have not received my initial appointment. I am retired and a cancer survivor who had to go back to work to maintain my health care until my VA benefits come through.

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thousands. The VA secretary says they are making progress, but I believe that when we're talking about progress from 300,000 to 200,000, there's still far too many people waiting to get through the system. One is too many.

How many people outside VA would tolerate a doctor's appointment that can't be made inside of a year? When the VA Undersecretary for Health tells the House Veterans Affairs Committee that demand for VA services is unsustainable, I question how much progress we are making. These veterans are not in line for Disneyland. They need to see doctors.

During the "I Am Not a Number" campaign this year, The American Legion received thousands of personal testimonies from veterans who have been waiting too long for health care. Their testimonies confirmed what we have been saying all along – that the quality of VA health care is great. The professionals providing that care are outstanding. But getting in to see them is very difficult. Many of the respondents could not comment on VA's quality because they had not yet seen a doctor after months waiting. Many wrote in to say they gave up trying to get an appointment. When they were told it would be a year before they could see a doctor, they thought it was some kind of joke. That is not a viable health-care system. Nor is it a tolerable one.

'Veterans should not have to sacrifice their health care to fund foreign-aid packages and pork-barrel projects. It's a matter of setting correct priorities.'

TALM: What do you think of the VISN system?
RFC: We used to have one VA. Now we have 21 VAs. We need to go back to having just one uniform VA health-care system.

The problem is that each VISN is in competition with the other for dollars in a central pool in Washington. They set up the VISNs. Then they set up VERA (Veterans Equitable Resource Allocation) to fund them. Inevitably, politics entered into it – and it all became about who was going to get how much of the pie. VISNs went into competition with each other, and then facilities inside each VISN were in competition among themselves.

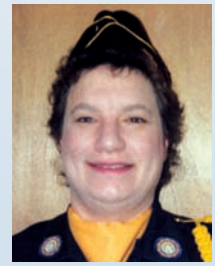
TALM: Isn't competition generally good for quality?
RFC: Competition is destroying VA. The political process comes into play. The veterans' health-care needs in Pennsylvania or Wyoming or Texas or Maine or Florida or Idaho are really the same. And yet there is this competition for the dollar, the idea that I can treat my veteran better than you can treat your veteran. I don't think that's healthy competition. That's politics. Competition is good for making money. That's not VA's mission. VA should be held responsible for maintaining quality care. But when there is a fixed amount

Faces Behind the Cases

Steve Hanak Jr.
Franklin, N.C.

Age: 69
Military service: U.S. Navy, 1952-1956
VA facility: Asheville, N.C., VA Medical Center
Frustration: Still waiting for primary-care appointment after a year
My story: I've been waiting more than a year to get an appointment at VA, and I was told recently it will be another six to eight months before I can see a doctor. A doctor outside VA recently told me I have asbestos in my lungs. I assume I contracted asbestosis when I served aboard ship because I haven't had any other exposures anywhere else since that time. This condition is a life-and-death problem.

Tammy McMichael-Wallar
Lake Linden, Mich.



Age: 39
Military service: U.S. Air Force, 1983-1995
VA facility: Iron Mountain, Mich., VA Medical Center
Frustration: Still waiting for primary-care appointment after more than a year
My story: I called VA because of a long list of medical problems. I'm assuming the symptoms are Gulf War Syndrome-related, but I don't know for sure. I was basically told I would be put on a list and called. I never received a call. I called my contact number, and the man on the other end said they are understaffed and would get to me as soon as possible. It has now been more than a year and a half.

Carlyle Clayton Pierce
Cottage Grove, Minn.

Age: 73
Military service: U.S. Navy, 1949-1953
VA facility: St. Paul, Minn., Vet Center
Frustration: Still waiting for primary-care appointment after 18 months
My story: I applied for VA enrollment in July 2001 and received a letter confirming enrollment in August 2001. I have not yet received an appointment. No one has returned my calls. You don't ever know what's going on. I think the government forgets about veterans once they come home.

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of money, they are forced to compete for a *lack* of funding.

TALM: What would happen if the VISN system were collapsed?
RFC: If we collapse the VISNs, I think we would have a better, more cohesive system. Then comes the question: what are we going to do with all the people who were running these VISNs? I have an idea. Let's put them back to work for veterans. They are good people.

TALM: What can be done about the VA health-care budget?
RFC: Mandatory funding. We need VA to receive the funding required to fulfill its mission – quality care in a timely manner for veterans of the armed forces. VA is staffed, directed and monitored by people who all share the same goals. But I have talked to some employees and nurses who are so overworked and so dedicated to their missions that when they go home, they literally break down and cry. They are overwhelmed.

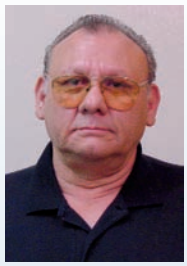
The goal of quality care in a timely manner cannot be achieved with a discretionary budget. That's the problem. Veterans should not have to fall in line with all the special-interest groups out there who come begging Congress to fund their pet projects. Veterans should not have to sell Congress over and over on why the government should live up to its obligations. Veterans should not have to sacrifice their health care to fund foreign-aid packages and pork-barrel projects. It's a matter of setting correct priorities.

Alfred Pugh, 108-year-old veteran, shows Commander Conley his WWI Army portrait at the Bay Pines VA Medical Center. *James V. Carroll*

We solve it all with mandatory-funding legislation, introduced last fall in the 107th Congress and already this year in the Senate. Mandatory funding would give VA the resources it needs to meet its costs, a dollars-per-veteran budget, indexed annually for inflation. VA also needs the ability to bill Medicare, to be fair. The bottom line is VA needs a budget it can depend on. Otherwise, the response to overwhelming demand will always be to cut costs and services and to exclude certain veterans.

TALM: Wouldn't mandatory funding for veterans' health care put too great a strain on the federal budget, especially in a time of war?
RFC: Veterans' health care is a delayed cost of war. We are already making budget plans to rebuild Baghdad after the war. We should also be making plans to guarantee funding for veterans' health care after the war. This is not a budget-buster. I think it can save money in the long run.

Faces Behind the Cases



Edward Benavidez
Galveston, Texas

Age: 63
Military service: U.S. Army National Guard, 1956-1958; U.S. Marine Corps, 1958-1962 and 1965-1968; Texas National Guard, 1979-1989
VA facility: Houston VA Medical Center
Frustration: Still waiting for appointment after a year

My story: I broke my ankle as a paratrooper in the National Guard, and now I'm at 30-percent disability. After I had an ankle fusion, I was discharged from the military. Since then, I have developed an unrelated back problem. More than a year ago, a physician's assistant at VA saw me for my back problem and said, "We're going to set you up with a primary-care physician," but they haven't followed up. I have called two or three times, and I'm still waiting.

John S. Schell
Harlingen, Texas

Age: 78
Military service: U.S. Army, 1942-1946
VA facility: McAllen, Texas, Clinic
Frustration: Hard to reach VA by telephone
My story: Almost every time you call, you cannot get through. The lines are always busy. When you finally do get through, the people on the phone have no idea what you're talking about.

Another problem is that VA only pays for generic forms of medication. That's frustrating, because some medications don't come in generic.

Many of my friends are frustrated and have dropped out of the system. They'd rather forfeit movies and eating out so they can spend the extra money it takes to go to a regular doctor. It's just not worth the effort. VA is not designed to provide service to veterans. The government gets away with it, but a company could never run this way.

Roman T. Gill
Escanaba, Mich.

Age: 74
Military service: U.S. Army, 1951-1952
VA facility: Iron Mountain, Mich., VA Medical Center
Frustration: Still waiting to be notified about enrollment after two years

My story: I sent in a form to enroll in VA health care in summer 2001. I was notified to send in my service records and submitted the forms in spring 2002. I have not had a reply, and now it is 2003. It leaves you wondering what happened. I want to get into the system in case something comes up. It would be nice if I would get a call or note in the mail letting me know what's going on.

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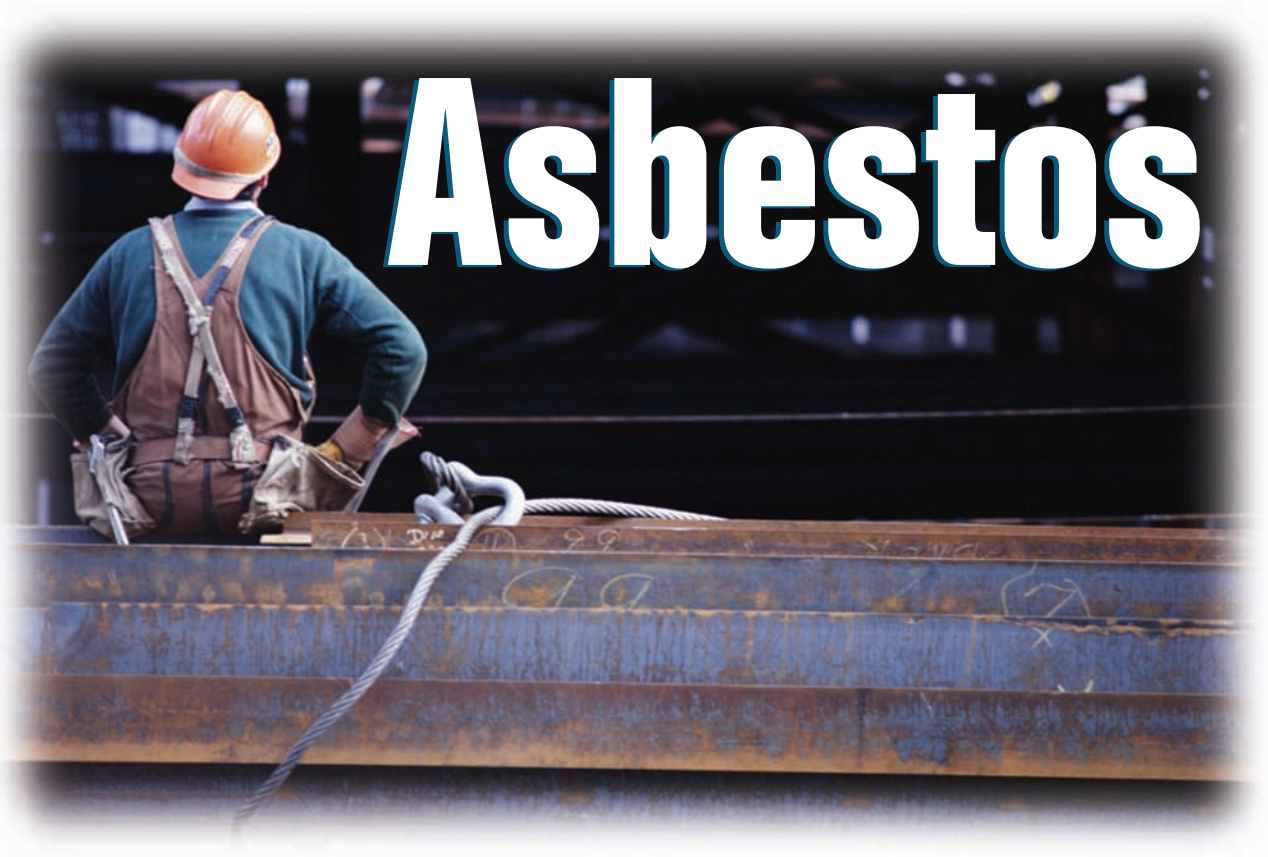

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Future verdicts or settlements cannot be predicted from prior results.

The statute of limitations of your respective state will help determine your ability to file a claim.

Also, I do not believe that if we have mandatory funding every veteran in America is going to use VA. But if we have it, we won't have to play the political shell game anymore.

The American Legion is not being fiscally irresponsible about this. We know there is no big money well in Washington, D.C., and we can't reach in and pull out dollars and dollars and dollars. We realize there is a budget crunch. We look at it intelligently, and we make our recommendations on that intelligent view. We're not asking for the moon and the stars and the sun. We are just asking for a reasonable amount of money that we feel can address the health care of the veterans of this nation. Veterans need to be a higher priority.

TALM: Do veterans feel they are being abandoned by the government they swore to protect?
RFC: They are becoming disillusioned. Veterans are now being driven away from the system, but at the same time, the system relies on their numbers for budget dollars. It doesn't make any sense to me. It's a dog chasing his tail.

'Health care is a symptom of a bigger problem. Our nation has a tendency to forget those who fought after the war is over.'

TALM: Then why are so many veterans trying to get into the system?
RFC: One reason is quality. People are always going to go where they can get the best treatment. You can talk about quality all you want; if you cannot get in to receive it, what's the value? Not much. Care delayed is care denied. People also are accessing the system more and more because they are losing their hospital insurance elsewhere. Others are accessing because they have lost jobs.

TALM: Does the public understand the magnitude of this problem?
RFC: People who are not familiar with the system think VA health care is free for veterans. It's not free. Veterans earned this care. The veteran is paying for it. It's a budget game. Another thing the public does not understand is that the number of veterans is not, as so many say, declining as much as they claim it is. That's a misconception. The number of veterans is very likely to increase as the war on terrorism progresses.

You go into the service believing the government will be there for you when you get out. Then you go down to a VA health-care facility and find out you can't get in because it just wasn't in the budget this time. You get to the point of frustration. You feel betrayed. That is something the public generally does not understand.

As I travel and do interviews on this, the reporters doing the interviews are appalled. They do not realize that care for veterans is like this. They do not realize the impact of budget shortfalls or that this crisis is going to get worse until we improve it. It's not well known by the nonveteran population. And if people don't know

Faces Behind the Cases

Virgil Baumgartner
Worthington, Minn.

Age: 70
Military service: U.S. Army, 1952-1954
VA facility: Sioux Falls, S.D., VA Medical/Regional Office Center
Frustration: Primary-care appointment canceled and not rescheduled
My story: I tried to get an appointment for the required physical exam starting in spring 2002. I was told it would be October 2003, but since then I have been told it's been canceled. I could get a free physical from my Medicare supplemental insurance at my hometown, so why can't VA accept that and make me eligible for low-cost drugs that I need for my blood pressure? I have the money to pay for them now, so I'm a Category 8. But if I have to keep paying for them, soon I'll be in a different category.

Gerald Dean Potter
Buckeye, Ariz.

Age: 61
Military service: U.S. Navy, 1958-1962, 1966-1968 and 1970-1983
VA facility: Carl T. Hayden VA Medical Center, Phoenix
Frustration: VA facility appears short-staffed
My story: I had to wait three years for a pair of orthopedic shoes. I had my left foot amputated while on active duty, and when I needed a new foot for my prosthesis I had to wait four weeks for the replacement. Right now my prescriptions aren't being renewed on time, and I have went up to two weeks without pills I need for blood pressure and arthritis pain. They just don't seem to have people willing to help out. I wish some people in Congress had to put up with my problems.

Lawrence M. LaPole
Rosemount, Minn.

Age: 68
Military service: U.S. Army, 1954-1957
VA facility: Minneapolis VA Medical Center
Frustration: Still waiting for primary-care appointment after a year
My story: VA called maybe six weeks after I'd enrolled and said it would be about a year, unless I have an emergency. I knew the VA was getting a lot of notice by veterans and had quite a few guys sign up, so I wasn't surprised I was placed on a list. But I was surprised the wait was a year. I just want to get the process over with. I'm getting to an age where who knows what can happen. I don't want to have to wait for an emergency.

Unclaimed valuable uncirculated State Quarters available for only the cost of protective capsule – no matter what their value

All have increased substantially in value and some by over 275%

This Important Notification has been released to inform you of an opportunity for you to receive unclaimed U.S. Statehood Quarter Dollars FREE including the second Quarter Dollar of 2003, Alabama.

The United States Commemorative Gallery has a number of Statehood Quarter Dollars in their vault that have gone unclaimed by a small percentage of customers. In addition, this also allows you to be among the first to receive the new Alabama Statehood Quarter Dollar FREE.

These Statehood Quarter Dollars are all uncirculated and are in special protective capsules.

All of these Statehood Quarter Dollars have already appreciated by at least 100% and some by over 275%!

United States Commemorative Gallery Officials have decided to offer these unclaimed U.S. Statehood Quarter Dollars FREE to select regions of the country to ensure equal nationwide opportunity. Your region has been specially selected to receive these unclaimed Statehood Quarter Dollars FREE. You only need to cover the small cost of the protective capsules and sealing labor costs for these unclaimed and Uncirculated Statehood Quarter Dollars.

Uncirculated Collector coins have the highest value because they are in perfect mint condition. Circulated coins are usually damaged through rubbing surfaces or other coins. Also, acid from people's hands cause coin metal to corrode. This is why it is important to seal uncirculated coins in protective capsules while wearing gloves.

The United States Commemorative Gallery has put these unclaimed, uncirculated Statehood Quarter Dollars into separate lots for each year the Quarter Dollars were released. There is one Statehood Quarter Dollar for each state minted to date.

The unclaimed, uncirculated Statehood Quarter Dollar lots that are available will include the highest appreciating uncirculated Statehood Quarter Dollars - Delaware and Pennsylvania both over 275%.

The other 18 Statehood Quarter Dollars have appreciated by at least 100% and could appreciate much more in the future. These are New Jersey, Georgia, Connecticut, Massachusetts, Maryland, South Carolina, New Hampshire, Virginia, New York, North Carolina, Rhode Island, Vermont, Kentucky, Tennessee, Ohio, Louisiana, Indiana and Mississippi. The newest release, Alabama, is also sure to substantially increase in value.

No matter what their value, every Statehood Quarter Dollar is FREE. All you need to do to claim them is remit the cost of the protective capsule and sealing labor cost, which is only $2.20 each. This protective capsule is critical so that the Statehood Quarter Dollars will not be handled and therefore will maintain their highest possible uncirculated value. All of these Statehood Quarter Dollars have been placed into the protective capsules by specially trained United States Commemorative Gallery Officials who wear special white placement gloves to insert the quarter into the protective capsule and seal it.

You may claim one or all 4 of the lots that are now available. There are 5 quarters in each lot. The U.S. mint only mints 5 statehood quarter dollars each year. If you claim one lot, you only pay $2.20 each for the protective capsules in that lot which comes to only $11 plus $3 shipping and handling. If you claim all 4 lots of uncirculated 20 Statehood Quarter Dollars minted to date, you will get FREE Shipping and Handling and receive all 20 Statehood Quarter Dollars for only $39. If you order all 4 lots you will also get the new Alabama 2003 Statehood Quarter Dollar FREE.

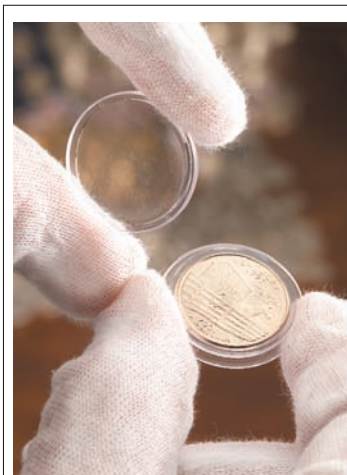
IMPORTANT: You must call Toll-Free 1-800-600-3227 or return the Unclaimed Statehood Quarter Dollar Claim Form on this page immediately. You must claim your FREE unclaimed Statehood Quarter Dollars within 10 days from reading this notification, or we will offer them to another selected region of the country.

These Statehood Quarter Dollars produced by the United States Mint have been one of the biggest sensations in the history of coin collecting. We expect that they will appreciate in value substantially in the future.

Remember, each Statehood Quarter Dollar is only minted for 10 weeks of one year. After that, no more will be minted. That is another reason why they are so valuable. And the Statehood Quarter Dollars are uncirculated and, therefore, you will not be able to find them in your change. The uncirculated Statehood Quarter Dollars that have been put into a protective capsule have a greater value. They also make great gifts.

2003 Newest Statehood Quarter Alabama

THE IMAGE OF HELEN KELLER IS FEATURED ON THE ALABAMA STATEHOOD QUARTER. FLANKED ON THE RIGHT BY A CAMELLIA BRANCH AND ON THE LEFT BY SOUTHERN PINE NEEDLES, KELLER IS SEATED ABOVE A BANNER THAT READS "SPIRIT OF COURAGE." TO HER RIGHT, HER NAME IS INSCRIBED IN BRAILLE.



UNITED STATES COMMEMORATIVE GALLERY OFFICIALS CAREFULLY SECURE UNCIRCULATED STATE QUARTERS IN PROTECTIVE CAPSULES WHILE WEARING WHITE PLACEMENT GLOVES TO PREVENT THEM UNWANTED EXPOSURE.

VAULT PHOTOGRAPH: UNCLAIMED, UNCIRCULATED, STATEHOOD QUARTER DOLLARS

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 *Pennsylvania*	 *Maryland*	 *North Carolina*	 *Ohio*
 *New Jersey*	 *South Carolina*	 *Rhode Island*	 *Louisiana*
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____ 2000 Statehood Quarter Dollar lot only $11 plus $3 S & H.

____ 2001 Statehood Quarter Dollar lot only $11 plus $3 S & H.

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(Make check payable to U. S. Gallery.)

Or charge my: [ ] VISA [ ] MasterCard [ ] Discover/Novus
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Account No.: _____ **Exp. Date:** ____/____

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Canton, OH 44767

there's a problem, they will keep taking away and taking away from you. We're trying to turn that around. We have an educational challenge in front of us.

TALM: Is more at stake here than the financial viability of the VA health-care system?
RFC: Health care is a symptom of a bigger problem. Our nation has a tendency to forget those who fought after the war is over. The real insult is that veterans now have to fight to even have a voice on decisions that affect them directly. I don't think my solutions are necessarily 100-percent correct or best. I don't believe VA's solutions are necessarily 100-percent correct or best. But what a wonderful world it would be if we could sit down and hit 90 percent together. As intelligent human beings, everybody needs to sit down at the same table and discuss the problem. I would go anywhere the secretary of Veterans Affairs wants to go to meet with him. I would meet with the president, and I would meet with members of Congress to discuss these problems.

Conley meets with administrators and top staff at Bay Pines, Fla., VA Medical Center, where the backlog of patients waiting for primary-care appointments, he was told, was about 14,000. *James V. Carroll*

The person who went into the military wanted an opportunity for the American dream. A family. School. A job. Retirement. That's all. That is the average feeling of the veteran. The veteran has not been able to access that dream. The moral obligation has been broken. That is why veterans are disillusioned, and that is why veterans' health care is so important. Veterans need timely health care, yes. Is it in a state of crisis? Yes. We are also at a critical point in the way America thinks about veterans. What we do now to solve this crisis will have great bearing on veteran treatment in years to come.

No one is going to make our case for us. It is up to us to see to it that the government holds up its end of the bargain with veterans. We have to stay aware of the problem nationally and keep pressure on our officials locally. We need to fight for mandatory funding. It's not going to take just one phone call. It's not going to take writing one letter. It's going to take time and persistence and constantly reminding those we put in office that they have a moral obligation to uphold. □

Jeff Stoffer is managing editor of The American Legion Magazine.

Faces Behind the Cases

Rudolph P. Schoepke Jr.

Apple Valley, Minn.

Age: 68
Military service: U.S. Army, 1954-1956
VA facility: St. Paul, Minn., Vet Center
Frustration: Still waiting for primary-care appointment after two years

My story: I submitted all forms required by VA in November 2000 and was told at that time it would be a year wait. My wife called in October 2001 to inquire about the status of my appointment and was told my name was not in the computer. They concluded that my file must have been lost. We were told to apply again. We filled out all the required forms again and returned them. A nurse called and said she would set up a referral "today" for me to a see a doctor and that we would receive a letter telling us the time of the appointment. In February 2002 we called VA and were told it would be another three months. We left a message in May 2002. We were called back and told the wait could be up to another year. I have been paying for my prescriptions out of my own pocket, and because of that, my wife has had to stop taking some prescriptions because we can't afford the cost. We don't feel we're getting the runaround; everyone has been nice. They just say they're way too busy. We don't really expect to hear back from them.

Ahnighto E. Riddick

Elizabeth City, N.C.

Age: 45
Military service: U.S. Army and U.S. Army Reserve, 1979-2003
VA facility: Hampton, N.C., VA Medical Center
Frustration: After long delays, VA says it can't help

My story: I waited six months for my first VA appointment. Once I got the appointment, I waited from 10 a.m. to 7 p.m. to see a doctor about my high blood pressure. Later, I received a letter from VA stating that it could not provide me with medications because I had entered the military with elevated blood pressure. However, it wasn't high when I was discharged. I have been waiting since that first appointment to be assigned a primary-care physician; it's been two years or so. During Operation Desert Storm, I slept by oil wells. I blew soot out of my nose all morning long. In December 2000, the Department of Defense sent me a letter stating that my unit had been exposed to nerve agents and to contact VA if I need help. I still suffer from high blood pressure, as well as joint pain and severe bursitis in my hip. I'm frustrated because I gave my country loyal service. Uncle Sam has turned his back on us.

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VA Secretary Anthony J. Principi faces complicated challenges in providing health care to America's veterans now and in the future.

'The final safeguard is me'

BY JAMES V. CARROLL

Anthony J. Principi, a decorated Vietnam War veteran, commanded a river patrol boat in the Mekong Delta when he served his country in uniform. Today, he steers one of the largest ships in the federal government, one that is threatened by a tsunami of hundreds of thousands of U.S. veterans seeking health care.

As secretary of the Department of Veterans Affairs, Principi is responsible for a nationwide system of health-care services, benefits programs and national cemeteries for America's veterans and dependents. With a budget of more than $51 billion and more than 200,000 employees, VA is the government's second-largest department. But funds are inadequate, and too few employees are tasked with trying to stem a fast-rising tide of demand for VA services.

Principi's request this year for $63.6 billion for VA in the president's 2004 budget includes $33.4 billion for disability compensation, pension and other entitlement programs and $30.2 billion for health care and other discretionary funding. Another $225 million is requested for construction. The request represents a 7.7-percent increase over 2003, the largest requested increase in VA history.

Still, virtually everyone agrees that's not enough money to meet demand that grew more than 30 percent beyond projections for this year.

Principi is between a rock and a hard place. Congress first orders VA to open its doors to all 25 million eligible veterans but then fails to provide enough funds to serve one fifth of them. The result? Veterans are waiting in long lines for health care and benefits.

In its effort to provide quality health care to enrolled veterans, VA cut off sign-ups for Priority-8 veter-


James V. Carroll

ans earlier this year. That group includes veterans who are not being compensated for military-related disabilities and who have incomes of approximately $30,000 or more. To offset the cutoff, VA and the Department of Health and Human Services are working on a plan that would allow Medicare-eligible veterans to choose VA as their Medicare provider. The plan would open VA health care to more veterans and, in return, VA would recoup costs through payments from a private health plan contracted by Medicare. VA + Choice Medicare would be a win-win situation, Principi says.

Veterans organizations worry that suspension of Priority-8 enrollments is one step toward a smaller VA. To some extent, Principi agrees. He says he wants to provide health care and benefits to all veterans, but VA's budget will not accommodate unlimited access and at the same time provide timely, quality care.

Since 1996, VA enrollment has more than doubled, Principi says. It has climbed from 2.9 million to 6.8 million. Last year, 830,000 veterans enrolled. More than half were Priority-8 veterans. In 2002, VA treated 1.4 million more veterans with 20,000 fewer employees than in 1996, he says. Even with the suspension, 380,000 veterans in Priority Groups 7 or higher are expected to enroll in 2003.

Even with fiscal constraints on the number of veterans VA can serve, Principi stands behind the care VA does provide. Despite greater challenges lurking around the corner, such as homeland-security obligations, war and concurrent receipt, he remains confident VA will overcome its challenges.

In a recent interview with *The American Legion Magazine*, Principi detailed VA's challenges since his appointment and confirmation in 2001. He speaks candidly about tough choices, his successes and shortfalls, and why he believes VA will remain an American asset for generations to come.

The American Legion Magazine: The backlog of veterans waiting six months or longer for medical care ranges from 300,000 to 650,000. Why the wide range of numbers?

Anthony J. Principi: It's easy to be confused with regard to the backlog because there are so many types of claims. When I came on board in 2001, there were approximately 650,000 claims of one sort or another – education, disability compensa-

tion, pension and housing. I am most concerned about disability-compensation claims and claims for pension. These claims were at 432,000 at the beginning of 2002. By March 2002 we had brought that number down to 400,000 claims, and by December they were down to about 340,000. That's not withstanding the fact that each month we get 60,000 new claims to add to that pile.

The trend has been superb in reducing the backlog of claims. Our Tiger Team has done a tremendous job of exceeding its goals every month in dealing with claims of the oldest veterans who have been waiting over a year. We are reducing the number of education and housing claims as well.

Confusion over backlog numbers stems from the use of different overall numbers. But ratings-related decisions – those decisions regarding disability compensation – are the ones that were about 430,000 in October 2002. Also keep in mind, when I became secretary, there were the claims for diabetes and the evaluation of claims brought about by the Veterans Assistance Act. While those claims were not technically a part of the official number, they were sitting there ready to be brought under control. That contributes to part of the confusion regarding claim numbers.

TALM: Are you saying good people can argue the numbers and both are correct?
AJP: You could argue that, but the bottom line is that the backlog is coming down, and it's coming down significantly. Anybody who says the backlog is not coming down is misleading the veteran population. I am very proud of the folks in the trenches in Veterans Benefits Administration who are making that happen. We are seeing tremendous progress. The fact that elderly veterans are now getting decisions on claims after waiting up to four years is a very, very significant accomplishment. We could debate the total numbers, but the fact of the matter is that veterans are being better-served because we have wonderful people with new leadership that are making it happen.

TALM: You have said that you are comfortable with a 250,000 backlog. Why is that?
AJP: The first decision I made as secretary was to establish a goal – a very ambitious goal, but you

VA means 'value added' for America

BY ANTHONY J. PRINCIPI

The Department of Veterans Affairs exists to provide a wide variety of programs and services to America's 25 million veterans and sometimes to their family members and survivors. But like ripples in a pond, VA's programs spread to touch many lives, entire communities and industries, and, in fact, the entire nation.

All Americans benefit when former military members make successful transitions from their service duties to civilian life. Our nation can take full advantage of the unique attributes, skills learned, discipline, teamwork and motivation young men and women acquire while on active duty.

During World War II, Congress — driven by the proposal for a comprehensive rehabilitation program proposed by The American Legion in 1943 — enacted the GI Bill of Rights. That legislation transformed America in truly revolutionary ways.

Much of everyday life in America is the product of those GIs and the benefits they used to create new lives for themselves and a new country for all of us.

Each working day, VA guarantees more than 700 home loans for young men in uniform as well as veterans who enter the ranks of home ownership. Veterans' home-loan benefits helped turn America from renters into a nation of homeowners with widely available low- or no-down payment mortgages.

This year, almost 400,000 veterans will attend school on the Montgomery GI Bill. Veterans' education benefits led the way to federal financial assistance for higher education, Pell grants and the like. More important, it raised expectations about higher education and opportunities as the nation saw the number of four-year college graduates rise from 160,000 in 1939 to 500,000 in 1950.

This year, almost 64,000 disabled veterans will receive vocational rehabilitation training to prepare them for civilian careers. These careers will allow them to continue making meaningful contributions to their communities.

This year, 88,000 veterans will be laid to honored rest in VA's 120 national cemeteries. Memorial benefits represent our last opportunity to say "thank you" and provide a lasting tribute to a veteran's service.

The VA's 4.9 million insurance policies comprise one of the largest life-insurance programs in the world and the seventh largest in the United States. The $570 billion in coverage provides a bedrock of financial security for veterans and their families.

Today, we treat more than 4 million veterans each year at more than 1,300 sites. And we've driven down the cost of care as well, while consistently being ranked one of the top health-care

have to start somewhere. To bring this backlog under control I set a goal of 250,000 claims and 100 days processing time. Given our personnel strength and our ability to handle these claims I feel having 250,000 in the inventory allows us to handle veterans' claims in 90 to 100 days. I know it's a difficult goal to accomplish, but I'm absolutely determined to succeed.

TALM: Has quality suffered in the process?
AJP: We monitor quality every month and hold our leadership accountable. Quality is very high, especially substantive quality. There's procedural quality, such as filling out forms correctly. That's important, too, but what really is important is substantive quality. Is the rating correct? Is the effective date correct? That's what veterans want. They want a correct rating and the right effective date. We are at, or close to, an all-time high in substantive quality.

I don't think we have forsaken quality for timeliness. In my view, quality is also timeliness. You can have a perfect quality record, but you never get any claims decided – maybe a few. They are perfect and you have a 100-percent quality record, but no one is getting answers to their claims. Is that quality? I don't think so. Quality encompasses both timeliness and accuracy.

Justice delayed is justice denied. Unfortunately, this department was building a track record of having justice delayed. We are intent in trying to reverse that record.

TALM: How?
AJP: Instead of doling out claims to sit on a desk for six months, we are looking at individual claims as they come in. We are identifying those claims that can be handled immediately. As an example: a pension claim that has the needed paperwork can be signed off as it arrives. A widow can get her pension – her death gratuity – in a timely manner. We're also specializing more. We've centralized training so that we don't have 58 regional offices taking skilled rating specialists off line to train new people. These are a couple of practical, hands-on management changes that are making a difference.

I don't mean to underestimate the difficulty. We are not there yet. We've got a lot of work to do, but we are making progress. I

VA innovations

VA's partnership with America's medical schools has revolutionized medical research and medical education. It has:

- Developed and tested some of the first effective therapies for tuberculosis.
- Invented the implantable cardiac pacemaker.
- Pioneered the concepts that led to the CAT scan.
- Provided innovations for first successful liver transplants.
- Developed the nicotine patch.
- Took part in the first successful drug treatments for high blood pressure and schizophrenia.
- Developed the Seattle Foot, allowing people who have lost legs to walk, run, jump and participate in sports.

providers for quality. In fact, VA's innovations in patient safety have been cited by the Institute of Medicine as a standard for the rest of the nation.

We have done this not by cutting corners but by delivering care more effectively. An integral part of our ability to deliver care more effectively is our ability to deliver data more efficiently throughout our system. Recently, *The Wall Street Journal* wrote that VA is "leading the movement to unlock the data lurking in hospitals to help doctors improve patient care and reduce errors."

We all benefit from this leading-edge expertise. In fact, more than 40 percent of the physicians practicing medicine in America today received all or part of their training in VA medical centers.

VA operates the largest integrated national health-care system in the country with 14,000 physicians and 37,000 registered nurses. This national resource is even more important during the war against terrorism, for it may be called upon to provide significant assistance in the event of mass casualties. We are proud of our responsiveness to local and national disasters. In each case, VA quickly deploys to serve veterans and their communities stunned by these overwhelming events.

As a partner in the National Disaster Medical System, VA is involved in planning, coordination and training to prepare for a variety of catastrophic events. We are prepared to provide assistance to the Defense Department and other agencies as we strengthen the nation's ability to prevent and respond to future terrorist attacks. In fact, VA already has mobilized an early intervention transition service to aid service members undergoing treatment and rehabilitation for injuries sustained in the war on terrorism. Likewise, VA works with the Federal Emergency Management Agency to ensure our government continues to function and our agency continues to provide services to veterans during crises.

These facts reflect not only our nation's gratitude for the service of millions of people who return to civilian life after serving in uniform, but they also represent a reinvestment in the future potential of each veteran and in America.

Anthony J. Principi is secretary of the Department of Veterans Affairs.

must tell you, it's not easy. Something can come down the pike tomorrow, like concurrent receipt, and swamp us with work and we would never achieve our goal. Congress might pass a new law, or the court might hand down an opinion that requires us to do something else. Those are the great unknowns that are hard to factor in. But we are making substantial progress.

TALM: Is the Medical National Preparedness Act of 2001 one such unknown?
AJP: I've been very concerned about it. It's not funded. That's the problem. I think we play a very important role in preparedness. VA is ideally situated across the country. But we have an important mission of health care for veterans. I hate to see us embark on a new mission without adequate resources. We don't have enough resources to handle the mission we currently have very well, let alone a new mission. But we are trying to do things. We are trying to ensure our medical centers are prepared and we have needed decontamination equipment and stockpiles of pharmaceuticals. We are doing what we can, but spending hundreds of millions of dollars that we don't have is something I do not want to do.

TALM: Is VA prepared to step in in the event of a national emergency?
AJP: One of the things about this country is our ability to respond to attacks, to become mobilized, to marshal our resources and come together to meet whatever emergency might befall us. This is a very generous country, and veterans are willing to participate to help fellow veterans. That's why men and women serve this country. They are willing to fight for their country, and it doesn't stop when they hang up their uniform. They are prepared to offer whatever help they can. If we have to make VA medical centers available to men, women and children who might be injured in an attack like in New York or Washington, we will find room for them and care for them.

'Something can come down the pike tomorrow, like concurrent receipt, and swamp us with work and we would never achieve our goal.'

TALM: Has the national nursing crisis impacted VA?
AJP: The nursing shortage impacts not only VA but also all health-care institutions. However, I'm gratified to learn that VA has been very successful in recruiting and retaining our skilled nursing workforce. I think one of the intangibles that shelters us from the brunt is VA's mission. VA nurses, at least all I've talked to, love caring for veterans. They imagine their dad in that hospital bed or their uncle or aunt. That intangible, coupled with a good compensation program and opportunities for growth, makes us very competitive.

The crisis hasn't hit us too hard yet. It may in the future, so we need to be ready for that. We do have pockets of nurse shortages. We've tried to make VA attractive to keep up with the private sector by adjusting our salary rates and incentives. We have found that once we get them, nurses like us.

TALM: VA nurses and doctors tell American Legion National Commander Ronald F. Conley that nurse-to-patient ratios are too high at some hospitals. Is that the case?
AJP: Any time the ratio is out of balance it's a concern in regard to patient safety and quality of care. It's one thing to say we do not have a shortage and another to say we have one nurse for 16 to 19 patients. That's inadequate. When I travel, I ask chief nurses on the hospital wards how many nurses, LPNs and nursing assistants they have. Some tell me they are a little short; others say ratios are just about right. It's an issue that needs to be carefully monitored. Not just because of the nursing shortage, but because of funding shortages in general. There are plenty of nurses to be found – it's just that we do not have the money to hire them. That becomes a problem.

TALM: Providing medical service to America's veterans depends on adequate resources. Is that not correct?
AJP: Yes. I want to care for all the veterans I possibly can, but I don't have all the money I need to do that. Some tough policy decisions have to be made. And once we make those policy decisions, we must ensure we are adequately funded – whether it's through the current scheme where we get discretionary dollars or through mandatory funding. It's a real struggle every year to increase co-pays or cut off Priority-8 veterans because we do not have the money to take care of them.

One way or the other, this imbalance has to end, because it's not fair. It's not fair to veterans for Congress to declare all 25 million veterans can go to VA for health care but have another provision of law that says VA is only authorized to extend care to the extent that resources are made available through appropriation acts. It doesn't mesh. You end up turning people away or putting them in long waiting lines.

TALM: You mention mandatory funding. Would that not provide a solution to VA's inadequate resources?
AJP: It would. There's no question about it. But the overarching question becomes: how many veterans do the American people want to take care of? Twenty-five million? Twenty mil-

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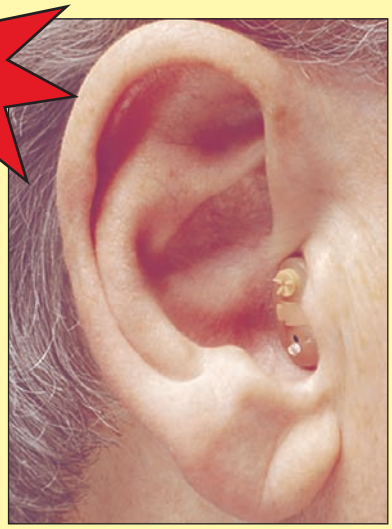

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lion? How many? If Bill Gates was a veteran and he had no service-connected disabilities and served two years on active duty, should he get the promise of lifetime health care? Do we prioritize in any way? Those are the questions one needs to ask.

Historically, VA has been a health-care system for the service-disabled, the poor who have no other options and specialized services like spinal cord injury. Today we are open to all 25 million veterans. If we are going to stay open for all 25 million, we probably would need mandatory funding because you can never get there from here.

But there are other implications. What about national security? Are we saying to a youngster he or she needs only serve two years on active duty to get lifetime health care? Will that have an impact on retention of the force of skilled people who may have a lucrative job on the outside? Will it impact insurance coverage? Would an employer decide not to provide insurance coverage to veteran employees because VA care is free? Like everything else, there is a price.

TALM: If VA were to become a Medicare provider, would the cash infusion open services to more veterans?
AJP: Yes, it would. VA and the Department of Health and Human Services are working to give Priority-8 veterans aged 65 or older access to a VA + Choice Medicare plan if they can't enroll in the VA health-care system. It's a first step but a great step forward. I have worked very closely with HHS Secretary Tommy Thompson to provide this new option for eligible veterans. Under the program, Priority-8 Medicare-eligible veterans could enroll, and VA would become the veteran's provider of choice. He or she could not go out to another Medicare provider. We would provide pharmaceuticals and health care for which we would receive a payment from HHS.

'I want to care for all the veterans I possibly can, but I don't have all the money I need to do that.'

We hope the plan is up and running later this year. I believe it is a win-win situation for HHS and most importantly, from my perspective, the VA.

TALM: You have said you are less than enamored with VA affiliations at some medical schools. Why?
AJP: I think affiliations and medical education have been important to VA over the past half-century and will continue to be an important relationship and partnership in the future. However, those partnerships have to be in balance. We both need to derive equally from that partnership. When one side derives more than the other side, then that's wrong and unfair.

There are some cases where VA may be shortchanged. That's unacceptable. We have a responsibility to care for veterans. Our primary mission is patient treatment. We have a robust education program and research program to enable us to achieve that primary mission: caring for veterans in a timely, quality manner. When it fails to do so, I become concerned.

I think we are at that point in a couple instances but certainly not all. We have affiliations with medical schools that do more than their fair share, and we are the beneficiaries of that partnership. Unfortunately, there are a few cases where that is not the case. It takes strong leadership on the part of VA medical center directors and VA chiefs of staff to be mindful of the important responsibility to the veteran patients. I am deeply concerned when a medical center director tells me in response to a question that his or her greatest challenge is getting doctors to see patients. Physicians may be doing research and other things, but we have more and more veterans coming to us for medical care.

We need to meet that mission by first treating patients. Secondly, we must be good stewards of the public trust in managing the taxpayers' dollars wisely, efficiently and effectively. Thirdly, we must ensure that people are doing what is expected of them to care for veterans who come to us.

TALM: Capital Asset Realignment for Enhanced Services has alarmed many veterans because it seems to be geared toward creating a smaller VA. What assurances do they have that CARES will not diminish VA health care?
AJP: The final safeguard is me. I'm going to have to be convinced that it's right for veterans in the future. I think what's critically important in CARES is that we have data integrity. It has to be analyzed very carefully, not from just the bricks-and-mortar aspect but clearly from the demographics – what the veterans' population is going to be and what the needs are going to be. It has to encompass a lot of factors.

I'm confident we have excellent people working on this. I've assembled a commission of good people, very thoughtful people, who know and believe in VA, people who are not intent on closing VA facilities but willing to make some tough recommendations to me. I think we have a lot of safeguards built in. Rather than accept or reject recommendations right away, I will send the CARES commission out to take testimony on the record from stakeholders. This additional step will give me the level of confidence I need to make the right decisions. □

James V. Carroll is an assistant editor at The American Legion Magazine.

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THE STATE OF VA HEALTH CARE IN AMERICA

A System Worth Saving

American Legion National Commander Ronald F. Conley's glimpse inside the nation's veterans' health-care system reveals just how critical conditions have become. Veterans, VA and Congress must work together to prescribe the right medicine for the future.

BY RONALD F. CONLEY
National Commander, The American Legion

At Cheyenne, Wyo., I listened with frustration to a VA hospital director who explained that in 1995, his facility treated 6,000 patients with a staff of 385. Today, his staff has been cut to 340, while the patient load has soared to 13,000. To make ends meet, the director – a doctor himself – treats veterans alongside the physicians he manages. They routinely shuffle patients from floor to floor to put veterans next to caregivers – the kind of triage you might expect on a battlefield. But not in a VA hospital.

In Cheyenne, as demand has more than doubled in the past seven years, beds often are left empty because too few qualified nurses can be hired to tend them. That, in a microcosm, is the bitter irony of VA health care today. Our government designed the system, asked veterans to enroll in it and now fails to cover the cost. It is America's most under-funded mandate. Staff shortages are epidemic, facility improvements are paralyzed, and the time it takes to get in to see a VA doctor is unconscionable. Service does not, by any stretch of the imagination, keep up with demand. And veterans are the victims of that miscalculation.

The VA medical center in Fargo, N.D., has no air conditioning, no emergency room and a $4.8-million budget deficit. The aging veteran population in that community is expected to grow 18 percent over the next 10 years.

At Bay Pines VA Medical Center in Florida, the backlog of patients awaiting primary-care appointments was *reduced* to approximately 14,000 when I visited; inability to match a reasonable number of nurses with the fast-rising tide of patients had

Sue Wudy, a patient at Carl T. Hayden VA Medical Center in Phoenix, takes a moment to talk about her care, while waiting with fellow veterans for an appointment. *Jeff Stoffer*

forced the facility to shut off new hospital admissions. Every ward I visited was under-staffed. Some had only two registered nurses for every 32 veterans.

At the Boise, Idaho, VA medical center, the problem is a shortage of doctors, nurses, pharmacists and medical technicians. That doesn't leave much. National Guardsmen and Reservists make up a significant portion of staff there, a common condition in VA facilities throughout the country. In Boise, where the waiting list for primary care runs deep into the thousands, I am gravely concerned about what would happen to the veteran patients if all the backup military personnel were suddenly called to active duty. It is a concern I have for many areas of the country as America fights the war on terrorism and sends more and more troops to the Middle East.

Several medical centers I visited double as emergency military hospitals in case of attack on the United States. If that should happen, in almost every instance veterans would have to be evacuated to other hospitals so active-duty casualties could be treated. There's not room, let alone medical staff, to treat both.

Meanwhile, about two-thirds of the buildings on the Butler, Pa., VA Medical Center campus stand vacant. Veterans there are waiting for a much-needed nursing-home addition, frozen in its tracks by VA's national realignment effort known as CARES – Capital Asset Realignment for Enhanced Services.

In Louisville, Ky., the director said his hospital simply needs to be torn down and rebuilt.

VA health-care administrators have more pressing needs than bricks and mortar. They must come up with innovative new ways to hit their operating budgets, which require more aggressive collections from third-party insurance carriers than ever before, despite decisions in Washington to deny access for veterans most likely to have insurance. Directors nationwide start their budget years deeper in the hole every time the target is raised. Some are forced to tap into building reserves to cover the cost of treating patients.

Pending the final outcome of the CARES process, virtually every overdue VA building project is in limbo. Or at least it is supposed to be. I was alarmed to discover during my travels that there are foregone conclusions about survivors and casualties of CARES, the final recommendations of which are not due until next fall. I was told that a facility in Texas is already earmarked to be retooled and "marketed" to veterans once the process is completed. Another fa-

cility, at a historic fort in Arizona, appears headed for the chopping block after decades of service, right beneath the noses of the those who use it: the veteran stakeholders who increased the number of unique patients there by 76 percent between 1998 and 2002. Among VA's 163 hospitals, 850 clinics, 137 nursing homes and 43 domiciliaries, I can only imagine how many other foregone conclusions are out there.

No one who met with me in Prescott, Ariz., could provide nurse-to-patient ratios. In fact, administrators I spoke with could not tell me how many registered nurses work there at all, or how many new patients were entering the system each month. They said they had trouble recruiting doctors. That hospital's death rattle could be heard in their voices.

And all across America, from Maine to California, from Washington to Florida – even in Hawaii – everyone is waiting, waiting, waiting. Veterans continue to spend intolerably long periods of time trying to access the health care they earned and now need. Often entering the VA system for the first time in the final years of their lives, many veterans must wait until final decisions are unveiled about the facilities they need. They are told to wait months for their paperwork to get processed. They are told to wait months for initial primary-care appointments, which are often rescheduled for a second or third date down the road. Then, once they have an appointment, these veterans are forced to wait hours on end to see ridiculously overbooked physicians.

For elderly veterans, nothing is more precious than time. I have communicated with some who feel VA is simply waiting for them to die.

For elderly veterans, nothing is more precious than time. I have talked with some who feel VA is simply waiting for them to die.

At the Minneapolis VA medical center, approximately 11,000 veterans can expect an average wait of one year before seeing a primary-care physician.

U.S. Sen. Olympia Snowe joined our tour of the Togus, Maine, VA Medical Center. There, she met a veteran who told her his nurse had worked so much overtime she nearly gave him an accidental double-dose of medicine. Luckily, the veteran knew he had already received his meds for the shift and stopped her. After the tour, Snowe had a new understanding of the VA health-care crisis. It is an understanding I know she'll remember when it's time to vote on veterans' health-care funding measures. Overtime is expected at many facilities I visited. In Lexington, Ky., I was told that eight hours of overtime every two weeks is mandatory. In Knoxville, Iowa, I was told that nurses work about 40 hours of overtime a month, and on weekend and night shifts it is not uncommon for one RN to handle two wards – up to 52 patients – alone.

Faces Behind the Cases

Robert D. Ash
Port Orange, Fla.

Age: 56
Military service: U.S. Army, 1966-1968
VA facility: Daytona Beach, Fla., Clinic
Frustration: Lost job waiting for VA to schedule cataract surgery
My story: I moved to Florida in 2002. I waited seven months for a primary-care appointment, which VA rescheduled twice. When I finally saw the doctor in November, he told me I needed cataract surgery immediately. While I waited for VA to schedule the surgery, I lost my job because of my poor eyesight. I called VA twice. The first call was not returned. The second time I called, the person I spoke with informed me it would be a year before I could have the cataract surgery. I got the runaround and it aggravated me. I called back in January and said it was imperative I have the surgery. After I argued with VA, the surgery was scheduled for late February. I'm hoping to get my job back.

Norman A. Parker
Washington, D.C.

Age: 44
Military service: U.S. Army, 1978-1981 and 1991; National Guard, 1986-2003
VA facility: Washington, D.C., VA Medical Center
Frustration: Feels VA has given him the runaround
My story: I'm a Persian Gulf veteran, and I've been treated for depression and high blood pressure. I have been waiting to get approval for VA care for those conditions because of PTSD. I've been called a liar and treated like a child, and I've been shuffled around between different doctors. They've been asking me for the same information over and over since 1991. I've been whirled around in circles. It's been a big headache, and I'm fed up with it.

I expected this to be an eye-opening experience.

Going town to town, door to door, asking tough, candid questions of VA directors, staff, patients and veterans in the community, I have gained a firsthand perspective on the status of VA health care. It is not a regional problem. It is a national crisis. Along the way, I have described my findings to the media. Reporters have been shocked. That's because much of the public thinks all veterans get all their health care for free. I have elevated this issue among veterans themselves.

I also have made it clear that if we want change – if we believe, as The American Legion does, that this is a system worth saving – veterans must act now. No one else is going to solve the problem for us. We cannot look the other way.

A Three-Way Partnership. Three sets of players figure into the equation: veterans, VA and Congress. All are partners. All share in a sacred obligation to fulfill America's clear intentions to provide health-care benefits to those who were willing to fight to the death under the flag of the United States. We are not adversaries. We all share the same goal: to provide veterans an efficient federal health-care system capable of meeting the needs of the people it was designed to serve. I see several ways to reach that goal, including:

- Pass legislation to make VA health-care funding mandatory rather than discretionary. Taking the politics out of the VA health-care budget would be a monumental step in the right direction. Veterans should not have to beg for money, competing alongside political-action committees, lobbyists and big business in order to see a doctor in a timely fashion. Mandatory VA health-care funding legislation introduced both in the 107th and 108th Congresses would serve the purpose, if passed.
- Make VA a Medicare provider. Permit VA to bill and receive reimbursements from Medicare for services provided to qualified, Medicare-eligible veterans.
- Require active involvement and participation with veteran stakeholders on any and all matters relating to the future of VA services or benefits, including facilities realignment. There is a big difference between being briefed and being involved. The veteran's role cannot be that of a silent partner. We are the voice of service to our fellow veterans.
- Restore VA enrollment status for Category-8 veterans, the highest income bracket. They are most capable of generating revenue from third-party insurance carriers. Cutting them out severs a revenue stream.
- Put VA health care back under one umbrella. If that means collapsing the 21 networks (VISNs) nationwide that govern regional VA health-care facilities, so be it. Competition among the VISNs, for budget dollars and grants alike has led to regional disparities of care. Quality care in a timely manner can and must be provided fairly across the system.

VA must be able to deliver consistent care for veterans suffering from debilitating psychological disorders, Alzheimer's disease, dementia and homelessness,

Paul G. Meredith

East Wenatchee, Wash.

Age: 87
Military service: U.S. Navy, 1934-1940 and 1942-1945
VA facility: Spokane, Wash., VA Medical Center
Frustration: Long waiting time, can't use Medicare

My story: After quite a hassle, I finally got my red, white and blue card. But that does not mean a thing because one must then be assigned a doctor for any treatment. That takes one to two years. My big beef is that I pay $58 a month for Medicare, and VA cannot bill for it. I also pay $118 a month for supplemental health insurance. I have no drug coverage, and I have a couple of really expensive prescriptions. You have to have a doctor even to get a pill. If you're low-income, you just go without. That's what a lot of them are doing.

Milton Paul Smith

Fresno Calif.

Age: 55
Military service: U.S. Air Force, 1971-1991
VA facility: Fresno, Calif., Vet Center
Frustration: Frequent rescheduling of appointments

My story: I have a 20-percent VA disability rating, but primary-care physicians leave Fresno so fast I haven't had an appointment with a doctor since April 2002 and many cancellations. At least six of my appointments have been rescheduled since 2000.

I retired from active duty in July 1991 after 20 years in the Air Force – Vietnam, Grenada, Desert Storm – and had service-connected hearing problems. I applied to go into a VA hospital in 1994 after going through numerous doctors at now-closed Castle Air Force Base and LeMoore Naval Air Station, which said they only saw active duty, 1994-96. I was not allowed to go to the VA hospital in Fresno because of my salary and employer's insurance. Then I lost my job in 1997 because the company I worked for went bankrupt.

Finally, I received my first hearing aid from VA in 1999 in Brooklyn, N.Y., and a second one in late 2000 in Fresno. Other appointments I had at the Fresno VA clinic were often canceled, delayed or forgotten. Most of the time, they said it was because the primary-care provider had left, and I had to reschedule. After many frustrations and losing another job in March 2002, I had a VA rep assist me in getting a higher disability rating for my hearing loss. I had to wait until November 2002 for the disability screening and in late December I finally got an appointment for a screening, but as yet have not heard the results.

Overall, VA care and rules are so weird and time-consuming that the whole VA experience is a joke, on me. I remain unemployed with no health insurance.

whether they are in rural Wyoming or New York City. Across the nation, I have found great differences in the levels of long-term and mental-health care available to veterans.

Veterans throughout America this year have greeted me by saying, "Welcome to my state, commander. I am sure you won't find anything wrong with VA here. It's the best in the nation." I am always delighted to see such proprietorship, pride and connection. Then we sit down with the hospital directors and top staff. I ask a few questions from my list, and we all realize the problem in Cheyenne matches the problem in Tampa, Pittsburgh, Boise, Lexington, Dallas, Minneapolis and Togus. It's a funding problem that is going to take time, effort and unity to correct.

Until then, veterans rely on a unique and selfless group of people who deserve great appreciation: employees in the VA system. They literally hold it all together.

People Who Care. While the nationwide nursing shortage has led many facilities in the country to look inward for answers, nurses at the Dayton, Ohio, VAMC – who average about 20 years of experience each – have reached out to veterans, providing care to approximately 670,000 patients from nine states last year through a "TeleNurse" program. Calls ranged from mild ailments to serious suicide attempts. Nurses said they fielded approximately 11,000 calls a month from the Dayton area alone.

In Lexington, Ky., one emergency-room doctor scrambles to see between 65 and 70 patients a day. In nearby Louisville, the ER doctor treats 50 a day.

At Roudebush VA Medical Center in Indianapolis, the staff and administration hustled to achieve the facility's budget goal for third-party reimbursements and then beat it by $2 million. It was a great internal accomplishment, hitting $15 million when the goal was $13 million. The reward was a new target of $17 million, a $2 million deeper deficit from which to start the new fiscal year. That is a familiar pattern.

I have talked to hundreds of veterans of all categories in dozens of VA health-care facilities this year. They praise the care and service from the staff who, in many cases, could be making more money elsewhere. The payoff for these dedicated caregivers is the satisfaction they get from making a difference in a veteran's life. Veterans, the nurses tell me, make wonderful patients. Unlike many patients outside the VA system, veterans are thankful for the care they receive and eager to express their gratitude. Simple as it may seem, that gratitude goes a long way toward closing the salary gap.

In the eyes of their patients, VA nurses see their fathers, their uncles, brothers, mothers, aunts and sisters. VA nurses know that some of their patients went away to fight and did not come home the same person. The problems may be physical. They may be psychological. It could be that a disease has prematurely infiltrated their bodies due to exposure to Agent Orange or some toxin encountered in the Middle East. A patient may be blind, paralyzed or an amputee, having sacrificed a lifetime of per-

Faces Behind the Cases

Christopher A. Bible

Fort Wayne, Ind.

Age: 40

Military service: U.S. Army National Guard, 1980-1986; U.S. Army, 1988-1989

VA facility: VA Northern Indiana Health Care System, Fort Wayne; Richard L. Roudebush VA Medical Center, Indianapolis

Frustration: Waited an inordinate amount of time for treatment of a service-connected disability

My story: I applied for VA benefits in 1989, following a medical discharge from the Army for an ankle injury in jump school. I waited six months for tests and a bone scan. I never heard back from VA. Later, my leg began bothering me. I went to the ER and waited 12 hours only to receive a lecture on menstrual cramps and be given Motrin. I asked what that had to do with my leg. I was called "hostile" and recommended for a psychological evaluation. I left. Two years later, I finally received a letter stating I had been accepted for VA's vocational rehabilitation program. I'd forgotten about it. For the next few years I just dealt with the pain. Treating the injury became so costly I decided to return to VA. It took three years for VA to decide to operate. I underwent surgery in August 2000. The operation was unsuccessful, and I was off work more than a year. In January 2002, VA fused my ankle and inserted three screws. I was in a cast for eight weeks and off work another eight months. It took months for VA to send the proper letter to my place of employment, allowing me to return to work. I went to a private practice and paid $550 for a foot brace. Having gone eight months without seeing the orthopedic doctor, I argued to see one my next visit to VA. The doctor asked where I got the brace, saying it's what he would have ordered in the first place. My next visit was scheduled for January, but VA rescheduled it for April. I sat under a poster at VA that says you'll be treated in 30 minutes or less. I waited six hours. The waiting room for the foot doctor has 30 chairs, and I've seen 200 people waiting — people with casts sitting on the floor, standing up against the wall with crutches. We shouldn't be treated this way.

William J. Gedeon

Englewood, Colo.

Age: 59

Military service: U.S. Air Force, 1962-1966

VA facility: Eastern Colorado Health Care System, Denver

Frustration: Still waiting for primary-care appointment after two years

My story: I enrolled at Denver VA Medical Center on April 20, 2001. To date, I have not been able to receive an appointment to see a primary-care physician. I received a letter dated Jan. 3, 2002, stating that it would be "many months" before I could get an appointment. At the end of January 2002, my employer laid me off after 23 years. I am a widower, so I cannot get reasonably priced insurance. My COBRA coverage expires in the summer, and given my job situation and my age, I may not be able to get reasonably priced insurance. To be without it is terrifying.

sonal independence in one battlefield flash.

VA nurses look into the eyes of these people and see something others do not readily understand.

Walk down the corridors of any VA hospital in America, where veterans young and old weather the storms of their military experiences and the maladies life has dealt them, and it is obvious they need and deserve a unique brand of care. Thank God for a unique brand of people willing to provide it, people who are not slaves to a paycheck.

Americans do not quarrel with the cost of funding VA health care. They quarrel with pork-barrel budget expenditures. They quarrel with foreign-aid allocations in the tens of billions when a domestic issue like the VA budget, despite its recent increases, comes $1.9 billion short of maintaining an inadequate status quo.

Making Ends Meet. To keep quality medical staff on bare-bones budgets, VA facilities rely heavily on their affiliations with medical schools throughout the country. For instance, the Salt Lake City VA Medical Center provides training for more than 1,100 students a year from the University of Utah. Relationships such as this, all around the nation, are essential to the advancement of medical research, the education of doctors and to the veterans themselves, who receive some of the most up-to-date treatment in medicine today. Medical-school affiliations have made VA hospitals incubators for research breakthroughs in spinal-cord treatment, heart surgery, prosthetics and many psychological conditions.

In Tucson, where the University of Arizona has a research and training partnership with the VA hospital, 250 open-heart surgeries were performed for veterans last year. At Roudebush in Indianapolis, the affiliation program gives veterans 200 heart surgeries a year.

In some areas, VA has partnerships with military hospitals. In Augusta, Ga., the Army hospital provides cardiac surgery for VA patients, and the VAMC performs neurological surgery for the Army. Such agreements are often efficient and practical. However, in most cases across the country, the agreements must be renegotiated every time there is a change of command at the base. That's the wild card. When you aim to establish longterm consistency in health-care delivery, wild cards do not help.

Tucson's VA Medical Center has one of six veterans' Blind Research Centers in the nation and state-of-the-art imaging equipment. The equipment alone makes radiologist recruitment a snap, compared to other medical

Karen E. Daden

Stratford, Conn.

Age: 50

Military service: U.S. Army, 1976-1982

VA facility: VA Connecticut Healthcare System, West Haven Campus

Frustration: Disillusioned after 17 years of wading through enrollment process, appointment delays and doctor turnover

My story: I initially applied at West Haven in 1982, after I injured my back and knees in the Army. I waited a day and a half and then sought care elsewhere. I was discharged with a 10-percent disability, affecting my quality of life and what I could do to make a living. From 1991 to 2001, when they finally gave me 100-percent disability, I had to carry my own health insurance, and I am still carrying that. My physical problems worsened to the point where I could not work anymore, and my disability check goes directly to cover the cost of my insurance.

The waiting time at VA is unconscionable. The system is broken. The trust is gone. I have found that VA seems to beat the veteran down until they won't come back. That way they don't have to spend so much money, and their budget looks good. A couple of times, when I've gone in, they have had no idea why I was there. I was sent to a women's clinic that was in the basement in one of the buildings, down a very dark and empty hallway. After I was sent there, they had no idea why I was there. I thought, "Fine. I have just wasted my day." I would much rather go to a doctor of my own choosing.

I would give my right arm to talk about this to the secretary of Veterans Affairs. What we need is better care. This needs to be a national debate.

William Ray Hooks

Denver, N.C.

Age: 69

Military service: U.S. Air Force, 1953-1957

VA facility: W.G. "Bill" Hefner VA Medical Center, Salisbury, N.C.

Frustration: Still waiting for primary-care appointment after 18 months

My story: I've been waiting for a primary-care appointment since December 2001. Recently I received a letter stating my appointment would be June 9. My only experience with VA has been an automated phone system. It's next to impossible to talk to someone. You have to leave a message. Sometimes they call you back, sometimes they won't. I spoke to a person once and asked where I was on the list. She wouldn't tell me. She said 8,500 people were waiting. VA needs additional help. The government doesn't want to pay money for veterans after they leave the service; that's the impression I get. I was drafted into the Army but decided to serve in the Air Force. I didn't volunteer. I gave them four years of my life. They owe me.

staff positions where shortages persist, mainly due to money. The work that facility does with blind veterans makes it a model not only for other VA facilities but for all health care. For a professional caregiver, Tucson offers dozens of opportunities. So, I cannot understand the economics when the director tells of paying $500,000 a year for subcontracted orthopedic surgery services when $190,000 a year would put an orthopedist on the payroll. At many VA facilities, I have found that outsourcing does not always make good business sense. Temporary nurses and doctors alike, however, must be summoned with increasing regularity, at higher costs, to fill in where permanent medical staff are not installed.

Nurses are commonly called out of retirement to fill shifts in America's VA facilities. Many have 35 years of experience or more. Others, recognizing the severity of the shortage, do not feel they can retire at all, not in good conscience.

I was told that a pharmacist in Lexington, Ky., can make $20,000 more a year working in the back of a grocery store or chain retailer than he can at the VA hospital. In some communities, pharmacists get new BMWs as signing bonuses, an offer VA certainly cannot match. Try getting an idea like that past the Office of Management and Budget. And, as more veterans turn to VA for prescription-drug benefits, pharmacists become more vital. To bring them in often means a complete restructuring of the facility's salary schedule. When budgets are static, something has to give.

That is every VA director's challenge: meeting double-digit demand increases with single-digit budget growth. They must decide what to cut to keep paychecks competitive, always faced with having to do more with less.

Looking into the Future. When I was in South Dakota, two young National Guardsmen received their orders to head out. They were going to the Middle East. One of the men stood before his wife and five children. He took a moment for each child. He told them not to be afraid. He kissed each one. He told them he loved them. He had different words for each and then, of course, for his wife. Mounting tension in the Persian Gulf meant nothing to him. The imminence of war did not scare him. It was a moment that has been played and replayed by American servicemen and women throughout history. The other young man stood alone. His wife was in the hospital, delivering their third child. He had told the other two, ages 3 and 5, to look each night for the north star. He would do the same. That would be their connection.

When they come back, these men will be veterans. Their families will need them, changed as they may be from war experience. They may be hurt. Their wounds might not be visible for a while. Perhaps later, in the form of an illness like that suffered by veterans of the Gulf War or in the form of hepatitis or post-traumatic stress disorder. They might miss a big career opportunity because they gave their time to America. A bite will have been taken from their lives.

Faces Behind the Cases

George Bargmann

Madison, S.D.

Age: 66
Military service: U.S. Army, 1955-1958
VA facility: Sioux Falls, S.D., VA Medical/Regional Office Center
Frustration: Notified by VA appointment rescheduled indefinitely

My story: In December 2001, I visited the Sioux Falls VA to get information on obtaining an appointment. I received a letter stating my appointment would be Dec. 20, 2002. During the summer another letter arrived, stating my appointment had been rescheduled for Feb. 25, 2003. Then a third letter came, stating my appointment was indefinite – and that it's possible I will never receive an appointment. I'm sure some people need the help more than I do. I'll probably never get in. I would like the reduced cost of prescriptions. If VA had the funds, it could serve us better.

Frank Drabel

Merritt Island, Fla.

Age: 65
Military service: U.S. Coast Guard, 1955-1979
VA facility: Vero Beach, Fla., VA Community-Based Outpatient Clinic
Frustration: Application delay, two-year wait for appointment

My story: I moved to Florida approximately three years ago and applied for my Universal Access Card. That took six to eight months. I have a service-connected 10-percent hearing loss. I asked for an appointment for a hearing test once I got my card. It took nearly two years to get an appointment. This is a service-connected disability, but that seemed to be of no interest. I was disappointed.

Kenneth Bungay

N. Wilkesboro, N.C.

Age: 70
Military service: U.S. Marine Corps, 1948-1963
VA facility: W.G. "Bill" Hefner VA Medical Center, Salisbury, N.C.
Frustration: The time it takes to see a doctor

My story: I cannot see why a veteran should have to wait six months to be treated for a medical condition that affects him right now. That's what it has taken me to see a doctor. I have psoriasis, which is a noncurable disease. I have been told by several people, many doctors, that my case is extreme. While I have been waiting to get into VA, I have spent quite a bit of my own money – money I can't afford – treating it. I am paying 43 percent of the $700 a month I live on on medications. With VA's help, that figure will come down, and I will be able to live a little better.

I volunteered to go to Korea, and they sent me there. I went of my own free will to fight for my country. I believe I should get a little more respect than this, when I laid my life on the line.

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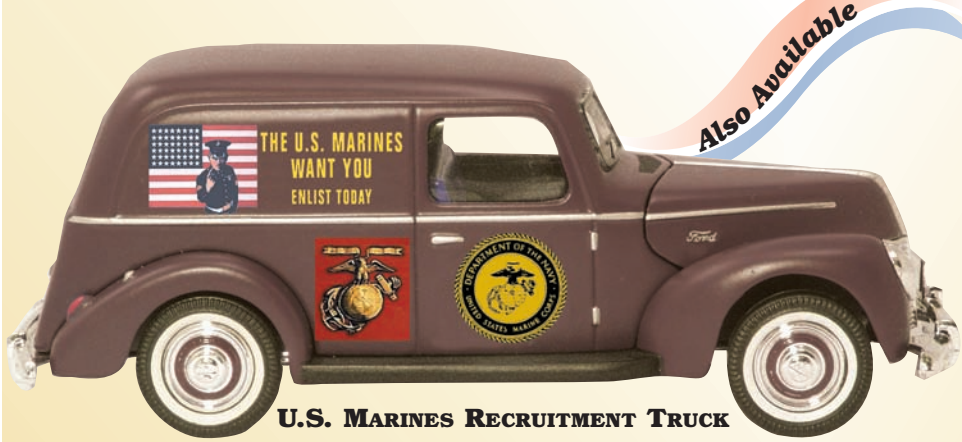

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But they had orders, orders they knew might one day come. Bravely, they left their loved ones, believing in their hearts that when they come back, things will be better. At least part of that belief stems from an understanding that no matter what adversities life deals them VA will be there. The system was, after all, created to fulfill America's promise to soldiers like them.

It is a good system. It is a just system. Americans do not quarrel with the cost of funding VA health care. They quarrel with pork-barrel spending. They quarrel with foreign-aid allocations in the tens of billions when a domestic issue like the VA budget, despite its recent increases, comes $1.9 billion short of maintaining an inadequate status quo. Americans will not quarrel with mandatory funding for VA health care. Certainly, no one in VA should quarrel with it.

The VA health-care system is worth saving.

It has made thousands of lives, veteran and nonveteran, better. It gave modern medicine the pacemaker. It helped invent a way for people with missing lower limbs to walk and even to jump. Unlike many taxpayer-funded programs, VA health care pays dividends not only to the veterans who get help there but in local communities that depend upon their presence. It is money well-spent, money that turns over in our hometowns.

We must fight to keep VA health care intact and vibrant. I know these are difficult economic times, but let's turn the clock back to 1933, the depth of the Great Depression. That's when Legionnaires, who had earlier led the battle to reorganize a disjointed collection of federal programs into a cohesive agency for veterans' affairs, the precursor of the Veterans Administration, faced losing all their gains to fund the New Deal. When President Franklin D. Roosevelt vetoed Legion-led provisions to protect veterans' benefits, members of this organization mustered enough uproar in Congress for an override.

Today, we again stand at a threshold of change in the way America treats its veterans. So often, we have heard about the many World War II veterans who are passing every day. So little we hear of the 300,000 or more new veterans America produces every year. No one expected our nation to keep making war veterans after 1919. No one expected it after 1945 or 1953 or 1975. A philosopher once said, "Only the dead have seen the end of war." As America continues to fight terrorism, despotism and tyranny worldwide, this nation's veteran population cannot be expected to decline in the long run. It is for those veterans that we must fight, as our predecessors did for us, to ensure VA health care has a bright future.

We are not asking for the sun and the stars and the moon. We are not asking for wholesale changes. We have no political ax to grind. We simply want veterans to receive the health care they deserve from competitively paid professionals in up-to-date facilities, on time. No veteran should ever have to believe VA is simply waiting for him or her to die. □

Ronald F. Conley of Pittsburgh is national commander of The American Legion.

Faces Behind the Cases

Guy C. Gentry Jr.

Durham, N.C.

Age: 64

Military service: U.S. Marine Corps, 1952-1960

VA facility: Durham, N.C., VA Medical Center

Frustration: Long delays, short staffing at VA facility

My story: Although I appreciate the hospital staff and help I have received on prescriptions, I have received no other medical attention for six, now approaching seven, months after signing up. I must go to VA every two weeks and wait four to six hours just to have a physician, or more often a physician's assistant, OK my prescriptions. You wait four to six hours, and some PA meets you in the hallway and tells you to go pick up your prescription at the pharmacy, where you go and wait another hour, two or three, depending on the number of vets who show up on a particular day.

When I signed up, I was told that it takes six months to be assigned a primary physician. During my last visit, when I asked about being assigned, I was told the waiting time is now six to eight months. So I continue to make the trip every 12 days or so to the hospital and go through the same procedure.

I am not alone. Usually 150 or so of my brother vets are doing the same thing on any given day. It's not so bad for me since I live relatively near the hospital, but I speak with other vets while waiting who must drive hundreds of miles to and from the hospital every 10 to 12 days just to have their prescriptions refilled. We have two fine teaching hospitals and medical schools: Duke University and the University of North Carolina. I find it hard to believe that medical professionals are not available. It must be a funding problem.

Ernest A. Masche

Hickory, N.C.

Age: 75

Military service: U.S. Army and U.S. Army Reserve, 1945-1953

VA facility: Asheville, N.C., VA Medical Center

Frustration: No primary-care appointment scheduled after more than a year of waiting

My story: I applied in March 2002. On Aug. 23, I received a letter stating I had been accepted and placed in Priority Group 5. I have been waiting since then for a primary-care appointment. I recently contacted VA and asked what is taking so long. "Everyone's waiting," I was informed. "When your number is picked, you'll get a call." My wife and I are on a fixed income. I had open-heart surgery four years ago and have had four bypasses. I suffer from angina. We spend between $535 and $650 monthly on my medications. I never was a crybaby. I served because I love my country. I've never asked for a thing but this one time. I'm afraid I might die before help arrives.

A System Worth Saving

Veterans deserve guaranteed access to health care

Congress should make funding mandatory.

Awaiting congressional action

Two bills requiring mandatory VA funding await action in the U.S. Senate. The Veterans Military Personnel Fairness Act of 2003 (S. 19) was introduced by Sen. Tom Daschle, D-S.D., and had 29 co-sponsors as of Feb. 4. The Veterans Health-Care Funding Guarantee Act of 2003 (S. 50) was introduced by Sen. Tim Johnson, D-S.D., and had 13 co-sponsors by Feb. 6.

As of late February, no such bill was yet introduced in the House.

BY REP. CHRIS SMITH, R-N.J.

As chairman of the House Committee on Veterans Affairs, I fought successfully for record budget and appropriations increases in the past two years. Despite spending more than $25 billion on health care for veterans this fiscal year, federal funding has not kept pace with the demand for VA health care.

In its fiscal 2002 budget submission, VA projected 3.7 million veterans would use its health-care services; last July, VA estimated 4.9 million veterans in 2003 – a 31.5 percent increase. However, VA did not request the funds to meet this projected demand.

Year after year, Congress is presented with short-sighted, inadequate administration budgets and struggles with the daunting task of finding enough funding just to maintain current VA services. Essential care is being rationed through unconscionable delays in scheduling appointments. In fact, last year VA reported 300,000 veterans were waiting at least six months just to see a doctor for the first time. This figure does not include veterans waiting to enroll.

One major cause of this crisis is that, unlike health care for military retirees, Medicare or much of the Indian Health Service, funding for veterans' medical care is a discretionary decision. VA health care is the only major federal health-care program that isn't funded by a guaranteed, fixed formula. As a result, VA's budget doesn't keep pace with needs for services.

Under the system, the VA medical-care budget competes with every other discretionary item in the budget. In the appropriations process, unbudgeted increases in VA medical care, as has been experienced in recent years, force Congress to either underfund VA health care or cut funding for other worthy programs such as NASA and the National Science Foundation. As long as the VA medical care budget remains discretionary, VA's ability to meet surges in demand is impaired. This is not a logical or defensible way to provide care.

Providing health-care services to those who risked their lives to protect our freedom is not – nor should it ever be – considered a discretionary function of the federal government. Our nation has a sacred obligation, as President Lincoln said so eloquently, "… to care for him who shall have borne the battle and for his widow and his orphan …"

To address the chronic shortfalls in funding for veterans' medical care that have occurred in recent years, I, along with Rep. Lane Evans of Illinois, introduced legislation last year to change the way that care is funded. Our bipartisan legislation, H.R. 5250, the Veterans Health Care Funding Guarantee Act of 2002, would provide a secure and stable system of funding for veterans' medical care, and to ensure that funding keeps pace with the number of veterans seeking care. This legislation would have shifted veterans' health care from a discretionary budget item to mandatory funding.

Military retirees' health care (TRICARE for Life) and veterans disability benefits already are mandatory budget items. Our proposal would simply have treated veterans' health-care funding in a similar manner.

Without legislation such as HR 5250, veterans' health care will continue to be underfunded and VA will be forced to continue rationing care or consider cutting off access to hundreds of thousand of veterans, many of whom lack or have inadequate health-care coverage. Some are concerned, however, that enacting this legislation would create a new "entitlement" and "bust the budget." Such misapprehensions must be overcome to successfully enact this legislation. We must build an even larger, bipartisan coalition of support for a comprehensive solution to the annual funding crisis for veterans' health-care programs.

With the 108th Congress now under way, I have begun to reach out to leaders in both houses of Congress, and in both parties, to find a solution to veterans' health-care funding that guarantees better access for all deserving veterans.

When our country has been at risk, America's veterans have always answered the call. Now we must do the same for them. □

Rep. Chris Smith, is chairman of the House VA Committee.

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Legion focuses on VA, U.S. Flag at Washington Conference.

GOALS WORTHY OF A Great Nation

BY JOHN RAUGHTER

To call the agenda facing The American Legion at its annual Washington Conference "ambitious" would be akin to calling Michael Jordan a good basketball player. If the Legion's only mission were to eliminate the VA backlog, it would be a huge undertaking. Add to that full concurrent receipt for disabled military retirees, mandatory VA health-care funding and the flag-protection amendment, and the task becomes gargantuan.

Cynics betting against the Legion, however, do so at their own peril. No one says accomplishing these goals will be easy, but neither was the Normandy invasion, the Inchon landing or the liberation of Hue. And the Legion, which dispatched hundreds of blue-cappers to the Capitol for congressional arm-twisting in March, has veterans of all three.

"We need to make veterans our priority," National Commander Ronald F. Conley said during the legislative rally. "In the words of our fellow American who went down on a plane on 9/11 in Somerset, Pa., 'Let's roll.'"

The dais at the legislative rally looked like a gathering at the "Meet the Press" greenroom. Senate Majority Leader Bill Frist was there. Ditto for Sen. Tom Daschle. House Minority Leader Nancy Pelosi spoke, as did Reps. Randy "Duke" Cunningham and John Murtha.

Frist, R-Tenn., recalled his 12 years as a VA physician in California and Tennessee. "I've had the privilege of working in the research labs of our veterans' hospitals figuring out ways to reverse or prevent the ravages of stroke and the clogging of the arteries which affect so many of our seniors today. I know the importance of those health-care issues to our veterans and their families.

"As a physician who has helped care for you and your families, and now, as majority leader of the Senate, I thank you and pledge support for your efforts as you further causes of veterans across this great land."

The renowned heart surgeon earned a standing ovation when he pledged his support for protecting the U.S. Flag. "When it

National Commander Ronald F. Conley discusses problems facing VA health care at the Legion's Washington Conference. Sens. Hillary Rodham Clinton, D-N.Y., and Harry Reid, D-Nev., joined him in a press conference following the legislative rally March 4. ***James V. Carroll***

comes to the American flag and all that it represents, we must fight and continue to stand to see that it is never, ever desecrated. With your support, lobbying and advocacy, we must see that that never happens."

Frist's passion for Old Glory was matched by Medal-of-Honor recipient Patrick Brady, chairman of the Citizens Flag Alliance. "As our troops prepare to battle enemies of our Constitution overseas, we need to go into battle with this Congress. Some members who support flag-burners have said that our troops are fighting for the right to burn Old Glory. I doubt that anyone would dare say that to the face of our troops."

Brady, a retired U.S. Army major general, also took on the anti-war movement. "There is no greater threat to peace than the simple-minded notion that there is no threat. Peace is the ultimate victory of the warrior, and the warrior pays the ultimate price for peace, not the peace demonstrator.

"You don't negotiate with terrorists unless you have a knee on their chest and a knife at their throat and pray the positions are never reversed … As we go to work for freedom and security, we need to go to work for the flag that brings our Constitution and comfort to our troops everywhere," Brady said. "If that flag is precious enough to cover their coffins, it's precious enough to be protected."

The troops were also on the mind of U.S. Army Vice Chief of Staff Gen. Jack Keane, who briefed Legionnaires about the war on terrorism. "This is the first time since World War II that we have deployed our soldiers directly on behalf of the American people. Every other time it's been to help a beleaguered nation where some thug has imposed his will on other people. It's always been a noble cause and our soldiers have always been brave and have done an outstanding job, but our soldiers know what this is about.

"This is about the American people. Our soldiers, sailors, airmen and Marines understand it.

"When American troops were called to risk their lives for freedom, they didn't say 'you have to wait 14 months for me to fit it into my schedule,' but that's what many of our comrades are told by VA."

– National Commander
Ronald F. Conley

They get it. They know the only way to protect you and this way of life is to kill or capture those who would kill us."

Senate Minority Leader Daschle, D-S.D., warned that national security depends on fair treatment of veterans. "The men and women in the military today and those considering joining the military are watching the way America treats its veterans. What message does it send to them if America breaks its promises to our veterans? The last thing our troops in the Persian Gulf need to worry about is whether they can depend on the government to keep its promises if, God forbid, something happens to them."

Daschle used the opportunity to drum up support for S.19, a bill he introduced which would provide full concurrent receipt and end the practice of deducting veterans' disability compensation from military pensions. "Our bill says, 'If you earned both, you get both, period,'" Daschle said.

Pelosi, D-Calif., said it's unacceptable that hundreds of thousands of veterans wait six months or longer each for VA appointments. "These are not just numbers, these are men and women who served their countries, and we will not tolerate these delays. We must take care of our veterans. In January, I opposed the administration's abrupt cut-off of access to VA health care for

Newton, Franklin claim major Legion awards in Washington


Newton

Entertainer Wayne Newton and photographer Tom Franklin were honored with awards at The American Legion's 43rd annual Washington Conference.

Newton, known to fans as the "King of Las Vegas," received the 2003 National Commander's Public Relations award at the national commander's luncheon.

"Wayne Newton is a king with the common touch," National Commander Ronald F. Conley said. "He's an extraordinary talent who acknowledges publicly the sacrifices of ordinary Americans who serve in our nation's armed forces. He leads USO tours to perform for deployed troops. In his performances, he often says something positive about the values of our great nation and about the people who guard those values with their lives. Mr. Newton is a great entertainer and a great American."

"Receiving this award is a humbling experience for me because what I have given pales by comparison to most everybody in this room," Newton said. "All I can tell you is that what I have given is the best I had to give, and it's the part of me that I'm most proud."

Franklin, who works for *The Record* newspaper in Bergen County, N.J., photographed three firefighters raising the U.S. Flag over the wreckage of the World Trade Center following the Sept. 11 attacks. He received The American Legion's Spirit of America award.

"Those firefighters, indeed our entire nation, fittingly looked to Old Glory as a symbol of comfort and strength," said Past National Commander Richard J. Santos. "Mr. Franklin's work is a snapshot of our national resolve and a moving tribute to the unifying symbol of our republic."

– J.R.

164,000 veterans without service-connected disabilities. The administration says this would apply only to veterans who make too much money. Under the administration's definition, too much money means as little as $25,000 a year."

Conley described VA's backlog as unfair. "When American troops were called to risk their lives for freedom, they didn't say 'you have to wait 14 months for me to fit it into my schedule,' but that's what many of our comrades are told by VA. The problem doesn't lie at the footsteps of the VA secretary, even though we have some great concerns about policies that he initiated. The problem lies at the footsteps of the city that you're in, the Congress of the United States. It's up to you to close the gap."

Although Conley voiced his dissatisfaction with the status quo, he was encouraged Ohio Legionnaire Robert Ray was picked to serve on the national VA CARES Commission. "The American Legion is married to VA," Conley said. "It is not a marriage that is going to end in divorce but in 'death do us part.' Neither needs to die."

Conley then introduced Anthony J. Principi as a secretary *for* Veterans Affairs. "The American Legion and VA are true partners," Principi said. "Partners and friends may not always agree on every issue, but they always work for a common goal. Washington is a town of too much divisiveness and bickering between parties, interest groups and individuals. There has got to be a better way, and I believe the partnership we have sets an example of what the better way can accomplish." □

John Raughter is editor of The American Legion Magazine.

Murtha, Cunningham honored for their support of flag


Cunningham

Two congressional champions of the flag-protection amendment received The American Legion's Distinguished Public Service Award at the annual Washington Conference.

Reps. Randy "Duke" Cunningham, R-Calif., and John Murtha, D-Pa., were honored because their voting records reflect a commitment to the principles of The American Legion.

Cunningham, a Vietnam veteran and former "Top Gun" instructor, recalled how an American POW was beaten repeatedly by his Vietnamese guards for making an American flag. "I would say to those … who think it's OK to burn the American flag, 'Go to hell,'" Cunningham said to rousing applause.

Murtha, a former Marine, is the first Vietnam veteran to serve in Congress. "Anyone who has seen my house knows that I have a flag pole that's 30 feet high with a light on it and an American flag that flies 24 hours a day."

"I can't say enough good things about Reps. Cunningham and Murtha," said National Commander Ronald F. Conley. "They are wartime veterans and members of The American Legion. They support a strong national defense. They have an outstanding track record on veterans' issues. They also believe, as polls say most Americans do, that the people, not the courts, should decide how our nation's flag should be treated; the people clearly want our flag protected."


Murtha

– J.R.

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U.S. Postal Service privatization

SUPPORT

Rep. Philip Crane
R-Ill.

The U.S. Postal Service is in dire straits. Financially, it is operating in the red with a debt of $13 billion and liabilities up to $80 billion. Last year, the postal service reported a revenue deficit of $1.68 billion and is projected to report a deficit of $1.5 billion by the end of this year.

Mail volume is decreasing. In 2002, the service is expected to experience a drop of 6 billion pieces from the amount reported in 2001. With the increased use of e-mail and other advances in communication, decreasing mail volume will continue to plague the postal service.

I want to see the mail delivered in a businesslike manner.

In response to this problem, Congress urged the U.S. Postal Service to develop the USPS's Transformation Plan. Under the plan, the service will change from an "independent government entity" that delivers mail in a "businesslike manner" to a "government-owned enterprise" that delivers mail in a "more businesslike manner."

How is that transformation?

Like the U.S. Postal Service, I want to see mail delivered in a businesslike manner. But why not take it a step further and privatize it?

My legislation would privatize the postal service by transferring its assets to its employees through an employee stock-ownership program. As stockholders, postal employees would directly reap the benefits of efficient and affordable service as well as receive incentives to develop new services to meet consumer needs. Under my bill, employees would have five years to complete the transition, after which any business could deliver any class of mail.

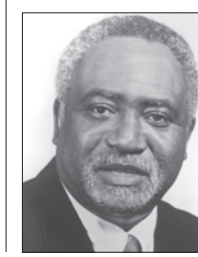
In addition to increased productivity, privatization has other benefits.

For example, service would be subject to the same laws that regulate private companies, including consumer protection and truth in advertising. In addition, a privatized postal service could generate up to $3 billion in state and local tax revenue.

Privatization is the answer to saving the U.S. Postal Service. It is the best way to put government resources to their most efficient and responsible use.

OPPOSE

Rep. Danny K. Davis
D-Ill.



I would suspect that our founding fathers, especially first Postmaster General Benjamin Franklin, would oppose privatization of the U.S. Postal Service. The founders saw that a national mail system was a fundamental function of government, and they empowered Congress, in the U.S. Constitution, "to establish Post Offices."

Our postal system ensures universal service.

This means all individuals can send and receive mail for the same price and at the same delivery frequency, whether they live in a city like Chicago or in a rural area in Arkansas.

Let's not confuse the need for reform with privatization.

The United States of the late 1700s was markedly different than the United States of the 21st century. Changes are needed in our postal system. However, let's not confuse the need for reform with privatization.

I am perplexed by calls to privatize government functions, as though privatization is some kind of panacea related to efficiency and effectiveness. Since Sept. 11, the people of this great country see federal employees, especially U.S. Postal Service letter carriers – and all postal employees – in a new light. Following the terrorist attacks, the American people knew they could count on the men and women of the postal service to continue to deliver billions of pieces of mail.

Conversely, the layers of the onion have been peeled back on the private sector. What has been exposed has not been pretty. Efforts to privatize the operation of public schools in several jurisdictions, for example, have met with failure.

The USPS is not living in the past. It released a comprehensive transformation plan of short- and long-term changes deemed necessary for its continued viability. Boosted by a dedicated workforce, the USPS continues to provide efficient mail service at reasonable prices, using the highest available technology.

However, we need postal reform. The USPS is operating under legislation that is more than 30 years old. The postal service needs flexibility in order to maintain universal service and to sustain its viability in the market place. Congress and the president should provide the postal service with the tools it needs for reform.

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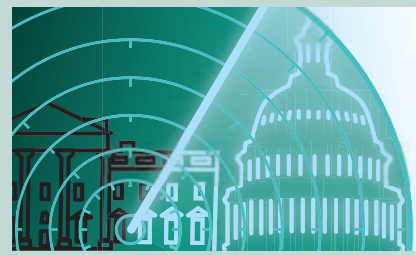

What are college textbooks teaching American students about terrorism? That's the question Franklin and Marshall professor Stanley Michalak sought to answer in a recent essay for the Foreign Policy Research Institute. In the wake of Sept. 11 and the global war it unleashed, the answers are both sobering and worrisome.

In his survey of 10 major textbooks, Michalak found a mix of "sloppy definitions," warmed-over myths and moral relativism. For example, one text argues that "killing civilians with a bomb dropped on a building … is no different than killing civilians by planting a bomb in a building." Never mind the motives or objectives. Another textbook defines terrorism as "the use of violence to achieve a political objective." By that definition, every war ever fought – no matter how just – was an act of terrorism. Still another tells us that "terrorist groups seek the political freedom, privilege and property they think persecution has denied them," which begs the question: what political freedom, privilege or property did the U.S. Embassy staff deny the Ayatollah's followers in 1979? Likewise, what did the victims of Sept. 11 deny bin Laden in 2001?

"From reading these texts," Michalak concludes, "it is not even clear whether terrorism is a significant problem." But those books that do make such a conclusion offer solutions that range from the obvious to the laughable. One author advises world leaders to "avoid wars (and) avoid making enemies." Another urges the reader to understand the motivations of terrorists: "It is often the only way open to them."

Given these texts, perhaps our best hope is that college students will live up to their reputations and leave the books on the shelf.

– A.W.D.

A Colombian police officer stands guard over 1,200 seized kilograms of cocaine. *Corbis*

Deeper in Colombia

U.S. Special Forces have been training Colombian troops in an ongoing war with narco-terrorists, but U.S. forces are not yet cleared to participate in combat operations. However, after a U.S. citizen was killed execution-style and others were held by heavily armed rebels, the White House has authorized elements of the military to conduct search-and-rescue operations.

In addition, Washington wants U.S. troops to help the Colombian army protect an oil pipeline critical to the nation's economy from sabotage. According to *The Washington Post*, guerillas "blew up the pipeline 170 times in 2001." The number of bombings dropped to 42 in 2002.

It may only be a matter of time before American troops are drawn directly into the Colombian civil war.

The cost of war

Not including the war in Iraq or the domestic costs of homeland security, America has spent $28 billion on the global war on terrorism.

These costs are certain to rise, especially when new operations in the Philippines and continuing operations in the Middle East and Afghanistan are included. In fact, a recent analysis by the British newspaper *The Guardian* noted that congressional officials estimate that deployment costs for a war in Iraq could approach $13 billion. The war itself could end up costing $60 billion to $100 billion. Of course, we should keep these costs in perspective. Hudson Institute's William Odom reminded a *New York Times* interviewer, "At the height of the Cold War, we used to spend 7.2 percent of GDP on defense and intelligence. We spend less than half that now."

Moreover, all of the war's costs must be weighed against the cost of doing nothing and hoping Saddam Hussein, Kim Jong-Il, al-Qaida and their ilk will just go away. As we learned on Sept. 11, we can either pay these costs with tax dollars and troops – or we can pay them with our cities and civilians.

– Alan W. Dowd

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Alternative therapies

Herbs and supplements gain popularity amid debate on effectiveness.

BY TARA PARKER-POPE

Makers of herbs and supplements promise a range of health benefits, from slowed aging and cancer prevention to boosted libidos and better sleep. But are these claims backed by science, or are they just marketing hype?

For years it's been tough to figure out. Part of the problem is that few supplements have been adequately studied, and many studies are flawed. But a handful of new sources are shedding light on the murky world of supplements and pointing consumers toward the products with the most science behind them.

The American Dietetic Association has published "The Health Professional's Guide to Popular Dietary Supplements," a book that is far more consumer-friendly and useful than its name suggests.

The book lists supplements alphabetically and includes a list of the purported benefits as well as what science has shown so far. The book also points to foods that can be eaten to receive the benefits of particular vitamins or herbs.

One of the most helpful parts of the book is the appendix. It lists various categories such as aging, insomnia, cancer prevention and arthritis, followed by a comprehensive list of the supplements and vitamins that make claims in that area. It is an essential resource for anyone interested in using vitamins and supplements to boost health.

Memorial Sloan-Kettering Cancer Center has launched a new Web site, Mskcc.org/aboutherbs, where patients can learn more about herbs, botanicals and other supplements. The site explains benefits and side effects and contains links to scientific research. Anyone taking a supplement also should check the site to learn how the product they desire might interact with other drugs.

For instance, anyone interested in the popular supplement SAM-e, often used to treat depression and arthritis, would learn the supplement can cause problems if taken with popular antidepressants or anxiety drugs.

"These substances contain active agents that can be very helpful to patients," says Barrie Cassileth, Memorial Sloan-Kettering's chief of integrative medicine. "By the same token, however, they have the potential to cause harm."

Cassileth points out that the supplement St. John's Wort can interfere with the liver's ability to process major medications, including chemotherapy. At the same time, the herb may be a good option for patients suffering mild depression.

Other supplements are worth a second look. Early evidence shows that glucosamine may improve symptoms of osteoarthritis and possibly be as effective as anti-inflammatory drugs.

Another popular supplement, flaxseed, promises to reduce risk of heart disease, stroke and cancer. Evidence does not suggest that it reduces the risk of heart attack or stroke, but many nutritionists believe flaxseed products are one way to increase the amount of healthy omega-3 fats in the daily diet.

Finally, because the makers of herbs and supplements don't have to adhere to the same standards as drugmakers, it can sometimes be difficult to tell if you're getting a reliable product.

The Mayo Clinic suggests consumers buy only single-herb products rather than combinations of herbs, which may not contain all the ingredients promised. The clinic has more advice about buying herbs and vitamin supplements at the food and nutrition center found on its Web site, Mayoclinic.com.

Tara Parker-Pope is an author and health writer for The Wall Street Journal.

Living Well is designed to provide general information. It is not intended to be, nor is it, medical advice. Readers should consult their physicians when they have health problems.

Dark side of the sun

Unusual skin changes could mean cancer.

BY DR. NELDA P. WRAY

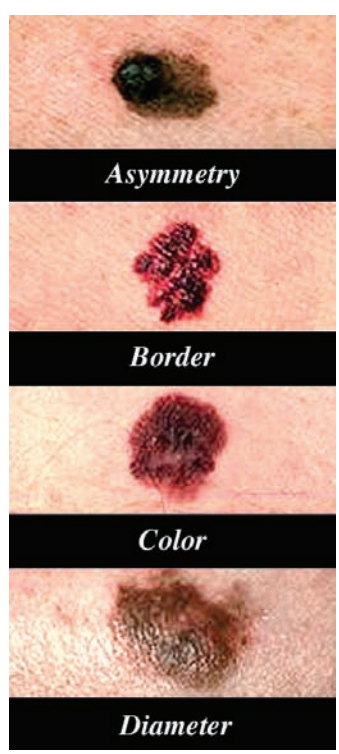
If you ever spent significant time in the sun, even if it was 50 years ago, you should be concerned about your risk of developing melanoma – a skin cancer strongly associated with solar exposure.

Melanoma develops in pigment cells – usually in the skin, but also in the eye and other areas. It can take years, even decades after a sunburn, to develop. The American Cancer Society reports that melanoma accounts for only 5 percent of all skin-cancer cases but about 80 percent of all skin-cancer deaths.

About 53,000 new melanoma cases are discovered in the United States each year, usually because of detection of minor changes in ordinary moles. Early detection of such changes is the key to survival.

Easy as ABCD. The ABCD checklist is a widely used reminder to help people tell the difference between an ordinary mole and a sign of melanoma. If a mole falls into one or more of these categories, especially if it has changed, have a doctor examine it.

- **Asymmetry** – when one half of the mole is shaped differently from the other.
- **Border** – ragged, notched or blurry edges.
- **Color** – uneven color; shades of black, brown and tan; spots of white, gray, red, pink or blue.
- **Diameter** – a change in size (usually bigger); most melanomas are larger than a pencil eraser.



Treating a suspicious mole is usually limited to cutting out affected tissue along with a small amount of healthy tissue surrounding it, but surgery alone is not always effective. If the melanoma has spread into the bone or throughout the body in its lymphatic fluids, doctors may use radiation or chemotherapy to kill cancer cells that remain after surgery.

Vulnerability to Melanoma. Older white men are particularly vulnerable to melanoma, but the National Cancer Institute says being young, dark-skinned or female is no guarantee of safety. Melanoma is one of the most common cancers in young adults, and although it is particularly rare among dark-skinned people, it can develop under the fingernails and toenails, and on the palms and soles.

Among fair-skinned women, melanoma tends to develop on the lower legs. Among men, it's more commonly an upper-body condition.

Researcher Donald Miller, VA Medical Center in Bedford, Mass., notes that many veterans are older white males and are particularly susceptible to melanoma. Miller and Susan Swetter of the Palo Alto VA Health Care System have published studies stressing the importance of screening high-risk populations. Currently, no standardized guidelines exist prioritizing who gets screened or how often.

Miller's research calls for primary-care physicians to carefully examine all men older than 50 for abnormal moles. Swetter and colleagues screened 374 high-risk veterans through self-assessment surveys and examinations by dermatologists. They examined those with suspicious moles more closely and found 21 participants had skin cancer. Both studies found it important for older male veterans to be examined for signs of melanoma.

Dr. Nelda P. Wray is chief research and development officer for the Veterans Health Administration.

Living Well is designed to provide general information. It is not intended to be, nor is it, medical advice. Readers should consult their personal physicians when they have health problems.

Protection is the best medicine

Even if you've had severe sunburns during your life, it's not too late to start taking better care of your skin. Wearing sunblock is a good start, but examining yourself and discussing skin cancer with your doctor also are important. Here are some tips that can help you protect your skin:

- Examine your skin frequently. Knowing your moles will help you recognize minor changes that might be skin cancer.
- Remember your ABCDs: asymmetry, border, color and diameter.
- Use a sunscreen (SPF 15-30 or higher), especially on children and anyone with fair skin, freckles or red hair.
- Watch out for the sun even on cloudy days and especially on snow, where you get almost twice as much sun exposure as on dry land.
- Schedule regular full-body skin examinations with your doctor.
- If you suspect that you have been misdiagnosed, see a dermatologist for a second opinion.

How to Submit a Reunion

The American Legion Magazine publishes reunion notices for veterans. Send notices to **The American Legion Magazine, Attn: Comrades Editor, P.O. Box 1055, Indianapolis, IN 46206,** fax **(317) 630-1280** or e-mail **reunions@legion.org.**

Include the branch of service and complete name of the group, no abbreviations, with your request. The listing also should include the reunion dates and city, along with a contact name, telephone number and e-mail address. Listings are published free of charge.

Due to the large number of reunions, *The American Legion Magazine* will publish a group's listing only once a year. Notices should be sent at least six months prior to the reunion to ensure timely publication.

Other Notices

"In Search Of" is a means of getting in touch with people from your unit to plan a reunion. Listings must include the name of the unit from which you seek people, the time period and the location, as well as a contact name, address, telephone number and e-mail address. Send notices to **The American Legion Magazine, Attn: Comrades Editor, P.O. Box 1055, Indianapolis, IN 46206,** fax **(317) 630-1280** or e-mail **reunions@legion.org.** The magazine will not publish the names of individuals, only the name of the unit from which you seek people. Listings are published free of charge.

Life Membership notices are published for Legionnaires who have been awarded life memberships by their posts. This does not include a member's own Paid-Up-For-Life membership. Notices must be submitted on official forms, which may be obtained by sending a self-addressed stamped envelope to **The American Legion Magazine, Attn: Life Memberships, P.O. Box 1055, Indianapolis, IN 46206.**

"Comrades in Distress" listings must be approved by the Legion's Veterans Affairs & Rehabilitation division. If you are seeking to verify an injury received during service, contact your Legion department service officer for information on how to publish a notice.

"Taps" notices are published only for Legionnaires who served as department commanders or national officers.

AIR FORCE

4th Ftr Grp Assn, Addison, TX, 10/16-19, Scott Perdue, (817) 512-4568, scottperdue@starband.net; **5th AF 8th Ftr Grp Assn 33rd, 35th, 36th & 80th HQ 8th Ftr Cnt & All Support Units,** Branson, MO, 10/2-4, John Mark, (847) 678-5075, onmarkp51@aol.com; **5th Cbt Comm Grp 5th MOB,** Warner Robins, GA, 5/23-25, Richard Gillis, (478) 922-1377, rtgillis@cox.net; **13th AF (All Units),** Des Moines, IA, 9/9-13, Phil Dyer, (231) 843-9597; **13th Bomb Sqdn,** St. Louis, 9/17-21, Bill Madison, (425) 337-8130, bmadi69961@aol.com; **30th SSDS,** Sandusky, OH, 9/4-6, Robert Denbo, (513) 932-5436, rdenbo@yournet.com; **43rd Bomb Grp (H) 63rd, 64th, 65th & 403rd Sqdns 5th AF,** Corpus Christi, TX, 10/6-12, Max Axelson, (210) 681-4581; **44th Air Refueling Sqdn (SAC),** Kitty Hawk, NC, 9/2-6, Roger Meekins, (252) 473-5288, meekinsanchorage@msn.com; **62nd Troop Carrier Grp 4th, 7th, 8th, 51st & HQ Sqdns (WWII),** Baltimore, 9/24-27, Andrew Tagnanelli, (717) 770-2037, tigger76@earthlink.net

90th Strat Recon Wing (SAC), Branson, MO, 11/5-9, Chuck Hale, (785) 865-5794, chuckhale@earthlink.net; **126th Bomb Wing (France),** Branson, MO, 10/3-6, Gene Westerman, (847) 742-8711, westy1931@aol.com; **305th Bomb Grp Memorial Assn,** Louisville, KY, 9/16-21, John Butler, (203) 795-3020; **379th Trans Co 36th Bn (Fort Bragg, NC, Mar 1960-Sept 1961),** Clyde Westmoreland, (931) 381-4083, bcwest@usit.net; **459th Bomb Grp 15th AF (WWII),** Las Vegas, 9/18-21, Harold Sanders, (661) 250-2115; **461st Bomb Wing B-52/K-135 4128th Strat Wing (SAC, Amarillo AFB),** Shreveport, LA, 10/22-25, Bill Davies, (501) 225-2400, wjdavies3@comcast.net; **799th AC&W Radar Sqdn,** Joelton, TN, 8/22-23, Jerry Swanson, (805) 544-0909, nonnie_papa@juno.com; **1381st GS Sqdn,** Cheyenne, WI, 8/15-17, Mike Daronco, ldjuly@aol.com; **3610th A&E Sqdn,** Harlingen, TX, 9/11-13, Jack Katchmarik, (816) 444-4716, popskc_36@yahoo.com

6461st & 21st TCS "Kyushu Gypsy" (Japan & Korea), Charleston, SC, 10/22-25, Richard Grimm, (803) 431-9402, dgrimm10@charter.net; **6924th Sec Sqdn (USAFSS Da Nang, Ramasun),** Branson, MO, 7/22-25, (618) 566-7887, mikegikerson@charter.net; **AC-119 Gunship Assn,** Fort Walton Beach, FL, 10/3-5, Gus Sininger, (850) 654-0212, g.sininger@seii.net; **AF Photomapping Assn,** Nashville, TN, 10/1-5, Dwayne Flatt, (731) 427-7783, 2flatts@bellsouth.net; **Berlin Airlift Vets Assn (1948-1949),** Tucson, AZ, 9/26-29, J.W. Studak, (512) 452-0903; **Burtonwood AFB (Warrington, England),** Nashville, TN, 10/14-18, Richard Iwanowski, (773) 767-1810; **GEEI Mobile Depot Activity EI,** Oklahoma City, 9/12-14, Jim Street, (405) 733-5041, streetfjc@aol.com; **Red Horse Sqdns,** Lake George, NY, 6/20-22, Jim Riley, (518) 872-0718, radarman69@msn.com; **Sampson AFB Vets Fellowship (New York),** Burlington, VT, 9/21-25, Walt Steesy, (607) 532-4204, samafbvet@aol.com; **Texas Towers,** Daytona Beach, FL, 10/23-26, Ken Taylor, (719) 392-6952, kepa9@juno.com

ARMY

1st AAA AW Bn, Branson, MO, 9/17-19, Lester Kenfield, (717) 939-4621; **1st Bn 30th FA Rgt (Vietnam),** Cleveland, Dan Gilloti, (440) 934-1750, firstcav68@eriecoast.com; **1st Cav 82nd FA Bn,** Lafayette, IN, 6/12-14, Alva Snider, (765) 762-2032, ahsnider@localline.com; **1st Cav Div Assn,** Killeen, TX, 6/11-15, Dennis E. Webster, (254) 547-6537; **3rd Bn 7th Inf Div 199th LIB (Vietnam, 1968-1969),** Reno, NV, 7/16-20, Tony Lato, (702) 361-7208, alatojr@aol.com; **3rd Med Dispensary (Germany, 1953-1955)** San Francisco, Sept, Alvan St. Jacques, (518) 842-8115, alsajac1@juno.com; **3rd Port,** Fort Eustis, VA, 5/16-18, Pete Ostrowski, (757) 878-2627; **4th Abn Ranger Co,** Cruise, 11/3-8, Ed McDonough, (609) 889-1211, edrgn4@yahoo.com; **4th Emerg Rescue Sqdn,** St. Louis, 9/17-21, Chet Gunn, (781) 944-6616, tightboot@msn.com; **8th FA Obsn Bn,** Sarasota, FL, 9/26-28, Clarence Anderson, (580) 479-3272, smokey1@pldi.net; **10th Armd "Tiger" Div,** Nashville, TN, 8/29-31, Tom Bubin, (269) 342-0115, tbubin@hazardlabel.com; **11th AAA AW Bn SP,** Sioux Falls, SD, 8/21-24, Ed Lamers, (605) 694-2788, edhlamers27@hotmail.com

14th Cbt Eng Bn, Branson, MO, 9/11-13, Stanley Schwartz, (859) 498-4567, shs313@mis.net; **15th Cbt Eng Bn,** Springfield, MO, 7/3-6, Don Anderson, (281) 373-5838, deaskier@aol.com; **20th Coast Arty Harbour Def,** Corydon, IN, 8/16-17, Cecil Fravel, (812) 738-2623; **20th Eng Bde (Vietnam),** Fort Leonard Wood, MO, 7/24-27, Jerry Manint, (217) 678-8159, cajun@bement.net; **24th Inf Div, Tucson,** AZ, 9/17-20, Wally Kuhner, (843) 766-8890; **28th Inf Div 109th Rgt,** Portland, OR, 9/10-14, Jordan Stockton, (503) 466-0780, stockton@rmis.com; **32nd Inf Rgt "The Queen's Own,"** Branson, MO, 9/7-10, Helen Dyckson, (352) 597-5912, hdyckson@earthlink.net; **33rd Inf Div,** Orlando, FL, 9/18-20, Bill Endicott, (425) 741-3549, billendicott@seanet.com; **39th Cbt Eng Rgt (WWII),** Jefferson City, MO, 8/29-31, Stanley Gasawski, (618) 397-3925; **40th Inf Div 40th MP Co (Korea),** Branson, MO, 5/18-20, Innis Wood, (804) 580-3001; **40th Inf Div 160th Rgt E Co,** Columbus, NE, 8/22-24, Paul Swartz, (724) 662-2269, phswartz@infonline.net

43rd Inf Div 169th Rgt 2nd Bn H Co (1950-1952), Windsor Locks, CT, 9/26-28, Ed Jarsen, (860) 644-0805; **52nd Armd Inf Bn,** Baltimore, 6/12-14, Lester Grover, (815) 495-9364; **53rd/1st Avn Det "Guns-A-Go-Go,"** Huntsville, AL, 6/14-16, Frank White, (336) 498-8972, white@atomic.net; **55th Ftr Grp 442nd ASG,** Omaha, NE, 5/14-18, Don Gifford, (402) 727-5755, dgifford@teknetwork.com; **63rd Inf "Blood & Fire" Div,** Columbus, OH, 8/13-17, Leonard Zimmerman, (517) 321-2950; **64th Troop Carrier Grp,** Traverse City, MI, Oct, Aldy Glauch, (231) 946-1313; **65th Armd FA Bn,** Minneapolis, 8/20-24, Wallace Eckdahl, (952) 929-4078, aeckdahl@isd.net; **70th Heavy Tank Bn Armor Assn,** Radcliff, KY, 9/11-13, Ashley Anderson, (317) 861-4124; **71st Inf Div 5th, 14th & 66th Inf Rgts Cav Recon Trp Sig Corps Med & Arty Units,** Charleston, SC, 9/3-7, Mason Dorsey, (704) 552-0366, mickske@hotmail.com; **73rd AAA AW Bn (SP),** Branson, MO, 9/24-27, Harry Walters, (574) 255-4471, flacsharks@datacruz.com; **76th Inf Div,** Charlotte, NC, 9/4-7, Bob Donahoe, (508) 240-1201, rdonahoe1@attbi.com; **77th Ord Depot Co,** Albuquerque, NM, 10/1-5, Lowell Medin, (847) 359-4194, 121hemset@msn.com; **79th Inf Div 315th Inf Rgt (WWII),** Rosemont, IL, 8/28-30, Les Brantingham, (269) 657-3078, bthelma79@aol.com; **83rd Arty,** Frankfurt, Germany, 9/28-10/10, Al Schuller, (916) 990-0508, a.schuller@att.net; **84th Eng Bn Const,** St. Louis, 7/20-22, Richard Sharp, (314) 821-8640, ebc84th@aol.com; **90th Chem Mortar Bn,** York, PA, 9/21-25, Charles Petron, (717) 741-2741; **96th Inf Div "Deadeyes,"** Tulsa, OK, 7/23-26, Steve Melnyk, (313) 271-5778; **101st Abn Div,** Reno, NV, 8/12-18, Resty Habon, (916) 688-3003, hooah2@citlink.net; **104th Timberwolf Inf Div,** Costa Mesa, CA, 8/25-9/1, Glen Lytle, (316) 636-5334, glnlytl@aol.com; **106th Inf Div,** Cincinnati, 9/10-15, Marion Ray, (618) 377-3674, raybugleboy@charter.net; **125th AAA Gun Bn (WWII),** Columbus, OH, July, Bud Vollmer, (614) 866-2574; **126th AAA Gun Bn (ETO),** Frankenmuth, MI, 6/20-21, Henry Smith, (810) 664-6389, herrmae@bignet.net; **148th Inf Rgt,** Camp Perry, OH, 8/22-23, Bruce Eberly, (937) 773-8625, mabeberly@aol.com; **163rd Inf Assn (MT Chpt),** Helena, MT, 9/12-14, LeRoy Michalson, (406) 442-1147

189th AHC 604th Trans Det 519th Med Det 6th Sig Det, Atlanta, 10/2-5, Gerry Sandlin, (256) 737-0859, gerrysandlin189@aol.com; **238th Eng Cbt Bn,** Hickory, NC, 7/16-20, Jesse Miller, jmj756@msn.com; **264th FA Bn (WWII),** Cincinnati, 9/5-7, Bob Latz, (330) 493-4657, rlatz@mindspring.com; **299th Cbt Eng (Vietnam, 1969),** Niagara Falls, NY, Guy Karo, (920) 458-5790, cptchico@charter.net; **304th Sig Opns Bn (WWII),** St. Charles, MO, 10/28-30, Wayne Mueller, (248) 680-1948, neatway@aol.com; **313th Inf Assn 79th Cross of Lorraine Div,** New Orleans, 7/15-20, Joseph Napoli, (410) 668-8469; **321st Sig Bn,** Amana, IA, 8/14-16, Charles Gartzke, (319) 828-4338; **335th Radio Research Co ASA (Vietnam, 1967-1972),** Las Vegas, 7/17-20, Ron Palfrey, (919) 845-8972, rgpalfrey@aol.com; **356th AAA Searchlight Bn (WWII),** Galveston, TX, 10/2-4, Elmer Peters, (712) 659-3684; **398th AAA AW Bn (Korea),** Branson, MO, 11/9-12, Arlie Schemmer, (636) 228-4474

413th/523nd Army Ord, Nashville, TN, 8/8-10, Ralph Pickering, (419) 629-3997; **434th Ftr Sqdn 479th Ftr Grp,** Grand Forks, ND, 10/1-4, Kermit Brickson, (218) 891-4265, kurtb@mailstation.com; **450th Bomb Grp,** Oklahoma City, 10/9-12, Al Goodman, (847) 543-8381, gobaral@aol.com; **467th Bombardment Grp (Heavy) 2nd Air Div 8th AF (Europe, 1944-1945),** San Antonio, 9/24-28, Ralph Davis, (937) 426-2988, mrdavis@ameritech.net; **504th AAA (All Btrys),** Akron, OH, 10/16-19, D. Schmip, (330) 336-5816; **533rd Eng & Boat & Shore Rgt,** Asheville, NC, 9/9-12, Steve Pentek, (561) 748-9896; **635th TD Bn, Topeka,** KS, 9/27, Bill R. Davies, (816) 452-5095, altadavies@juno.com; **709th MP Bn,** Covington, KY, 9/4-7, Gene Jordening, (662) 893-2735, 17287285@bellsouth.net; **726th Amph Tract Bn,** Barboursville, WV, 9/26-27, E.A. Mills, (304) 525-7537; **748th Railway Operating Bn,** Tampa, FL, 10/2-4, Bernard Messer, (813) 685-3998, bernmar@mymailstation.com; **757th Tank Bn (WWII),** Billings, MT, 8/28-30, Fredolin Rottler, (573) 883-3604; **841st Eng Avn Bn (WWII & Korea),** Myrtle Beach, SC, 10/8-12, Jack Murphy, (239) 997-9940; **926th Sig Bn Sep Tact Air Cmd (WWII),** San Antonio, 8/7-9, Carl Threadgill, (254) 662-0760, erieker@earthlink.com; **8605th AAU 5th ASA FS Det 5 2nd Sig Svc Bn,** Charleston, SC, 9/4-7, George Akerhielm, (315) 682-9460, gjaker@juno.com; **A Btry 44th FA Bn 4th "Ivy" Div**

(Germany, 1953-1956), Evansville, IN, 10/17-18, Larry McCullough, (419) 456-3216, hemc@bright.net; **B Co 9th AIB 6th Armd Div,** Cleveland, 7/24-27, Glenn Bleman, (440) 969-1566; **C Btry 793rd FA Bn 7th Army (Ansbach, Germany, Hindenburg, Kaserne, Mar 1952-Sept 1954),** Richard W. Conley, (724) 866-7119, topkick@pe.net; **Cbt Infantrymens Assn,** Harrisburg, PA, 10/9-12, Ed Zebrowski, (860) 793-0728, cw3reteck@aol.com; **Constabulary Assn,** Killeen, TX, 9/23-26, Don Worrall, (254) 547-1691, dworrall@aol.com; **Delta 4th Bn 31st Inf 196th LIB,** Branson, MO, 7/31-8/2, Vance A. Van Wieren, (269) 543-3661, vw196nam@i2k.com; **HQ & HQ Det 23rd QM Grp (1951-1954),** Myrtle Beach, SC, 10/7-11, Donald Reid, (864) 859-1745, dlreid74@msn.com; **Merrill's Marauder Assn,** Columbus, GA, 8/8-10, Ray Lyons, (602) 996-4176; **Tank Co 86th Inf Rgt 10th Div (1955-1957),** Minneapolis, 9/22-25, Charles Epple, (612) 824-0042; **US Disciplinary Barracks,** Fort Leavenworth, KS, 8/8-10, Diana Vandevelde, mvandevelde@c.rr.com

COAST GUARD

USCGC *Eastwind* WAGB 279, Boston, 5/23-26, LeRoy Grant, (508) 668-2417, junejohnson@mailstation.com; **USCGC *Winona,* WPG/WHEC 65,** Port Angeles, WA, 9/12-14, Cliff Rocheleau, (360) 582-0925, roch@olypen.com; **USS *Hurst* DE 250,** Cruise, Oct, Don Mercereau, (941) 497-3071, donmer1@comcast.net; **USS *Lowe* DE 325 (WWII),** Williamsburg, VA, 9/15-18, Tom Taylor, (410) 335-5598; **USS *Menges* DE 320,** Denver, 9/14-18, Robert Babcock, (307) 235-6248, rbabc25708@aol.com; **USS *Princeton* CG 59,** San Diego, 9/5-7, Bob Neumeyer, (619) 461-4344, bobneu@webtv.net

JOINT

Berlin Airlift Vets Assn, Tucson, AZ, 9/26-29, Lewis Whipple, (318) 965-9860, ldalewhip@aol.com; **PBY Catalina Internat'l Assn,** Arlington, VA, 8/28-9/2, Don Mortimer, (631) 298-2685, pbydon@optonline.net; **USS *Hope* AH 7 Hosp Ship,** Branson, MO, 9/13-15, Mary Blegan, (505) 294-2111; **USS *Mount McKinley* AGC/LCC 7,** San Francisco, 9/10-14, Dwight Janzen, (509) 534-3649, d.janzen@gte.net; **USS *Monitor* LSV 5, USS *Montauk* LSV 6, USS *Osage* LSV 3, USS *Saugus* LSV 4,** Virginia Beach, VA, 9/29-10/1, George Hasten, (217) 826-27840; **USS *Pensacola* CA 24/LSD 38, 9/24-27,** Ray Snapp, (937) 339-3217

MARINES

1st Bn 4th Mar, Arlington, VA, 8/26-31, Tom Guillory, (207) 676-4030, onefourreunion@hotmail.com; **2nd Bn 3rd Mar 3rd Mar Div (Vietnam),** San Diego, 7/16-20, Marcella Oberline, (909) 940-0956, marcielr@aol.com; **3rd Bn 8th Mar (Beirut to Geiger, 1980-1990),** Jacksonville, NC, 10/22-26, C. Eric Tischler, (814) 234-1209, tisch@att.net; **3rd JASCO (WWII),** Branson, MO, 9/8-11, John O'Leary, (660) 885-2759, joleary@iland.net; **4th Recon Bn Assn (Austria, 1945-1955),** Branson, MO, 10/16-18, Don Worrall, (254) 547-1691, dworrall2000@aol.com; **6th Mar Div 1st Prov Mar Bde,** St. Petersburg, FL, 8/24-31, John Foley, (352) 686-6209, jjfoley@hotmail.com; **7th Field Depot 7th Svc Rgt (WWII & China),** Hershey, PA, 9/21-24, Art Manwaring, (708) 672-5811, artmanw@juno.com; **8th Def AAA Bn (WWII),** Chicago, 8/27-31, Vincent Powers, (847) 635-6090; **Alpha Btry 1st Bn 12th Mar Rgt 3rd Mar Div,** Reno, NV, 8/15-17, Mike Dias, (707) 642-5577; **Charlie Co 1st Bn 28th Mar,** Oklahoma City, 9/14-18, Victor McAtee, (620) 257-3224

Kilo Co 3rd Bn 7th Mar Rgt, Washington, 8/7-11, Harry Smith, (870) 247-1146, smitty@kilo37.com; **Mar Air Traffic Cont Assn,** Rapid City, SD, 9/14-21, Bob Young, (605) 382-5247, mudcreek@nvc.net; **MC Exchange (PX), Clubs & Auditors,** Camp Pendleton, CA, 9/4-6, H.K. Hammer, (909) 301-8778, hkhammer@aol.com; **Montford Point Mar Assn,** Detroit, 7/16-20, Norflette Mersier, (313) 824-6955; **Mar Sec Guard (American Embassy, Saigon),** New Orleans, 9/10-14, Mike Bertini, (910) 353-7377; **VMF/VMF (AW)/VMFA-115 Mar Ftr Attk Sqdn,** Beaufort, SC, 7/18-20, Lynn Hagen, (320) 269-8925, lynnhagen@maxminn.net

MERCHANT MARINES

American Merchant Mar Vets, Atlantic City, NJ, 5/5-8, George Goldman, (201) 692-9031

NAVY

11th NCB (WWII), York, PA, 10/2-4, Robert Munich, (636) 240-3505; **31st NCB,** Branson, MO, 10/2-10/5, Jane Foster, (928) 537-9294, janef1978@aol.com; **64th NCB (WWII),** Nashville, TN, 9/11-14, David Johnson, (931) 379-3619; **71st Seabee Assn,** Louisville, KY, 6/18-21, Fred Balke, (502) 241-4160; **ACORN 34,** Branson, MO, 9/24-29, Keith Malcom, (360) 832-4531; **ACORN 52,** Charlotte, NC, 10/5-10, Ralph Snyder, (217) 698-9122; **Antarctic Support Activ Det Alfa (1969-1970),** St. Louis, 6/6-8, Dale Cockrill, (770) 387-2270, wcgeorge2@yahoo.com; **Avn Repair & Overhaul Units 1,2,3,4,5 & Navy 140,** Sheboygan, WI, 9/10-12, Charles Roska, (920) 467-9066, wischuck@intella.net; **CASU (F) 56,** Belleville, MI, 9/18-21, Walter Ask, (507) 932-3545, mnclownman@msn.com; **Farragut NTS,** Oelwein, IA, 5/17, Lou Pirillo, (319) 283-1513; **NAF Washington (1967-1972),** Dayton, OH, 8/1-3, C.J. Pendleton, (419) 658-2984; **Navy Nuclear Weapons Assn,** Branson, MO, 10/9-12, Paulette Picoult, (918) 426-5904, paulettepicoult@webtv.net

NAMRU 2 (WWII), Gainesville, FL, 10/10-12, Chuck Davison, (815) 756-2618; **NSA/NSF (Vietnam),** San Diego, 10/10-12, Robert Woolner, (661) 251-8813, e9bm@social.rr.com; **ODIN Grp (WWII),** Belleville, MI, 9/18-21, Walter Ask, (507) 932-3545, mnclownman@msn.com; **Orphans of the Pacific,** Rapid City, SD, 9/8-11, Robbie Roberts, (352) 787-0968, harirobb@webtv.net; **Parachute Rigger Assn,** San Diego, (858) 566-0596, hboeker1@san.rr.com; **PATSU 1-2,** Belleville, MI, 9/18-21, Walter Ask, (507) 932-3545, mnclownman@msn.com; **Seabee Vets of America,** Adamstown, PA, 10/4, Joseph Tack, (215) 275-0044, joe_tack@prodigy.net; **SLCU 36 Boat Pool Baker,** Ruidoso, NM, 9/11-13, Donald Brown, (501) 767-5341; **USS *Agawam* AOG 6,** Washington, 9/10-12, John Nicholson, (937) 323-0173; **USS *Akutan* AE 13,** Milwaukee, 9/17-21, Ralph Gaul, (717) 436-6814, randlgaul@pa.net; **USS *Albany* CA 123/CG 10/SSN 753,** Norfolk, VA, 8/2-10, Erick Emrick, (757) 631-9418, secretary@ussalbany.org

USS *Alcyone* AKA 7, Lexington, KY, 9/17-20, King Richeson, (859) 873-8907, kricheson@peoplepc.com; **USS *Algol* AKA 54 (All Eras),** New Orleans, 8/20-23, Anthony Soria, (209) 722-6005; **USS *Alhena* AK 26/AKA 9,** Charleston, SC, 10/1-5, Clyde Meyers, (225) 664-4786, clydemeyers@yahoo.com; **USS *Anne Arundle* AP 76,** Wilmington, NC, 10/2-4, John Weber, (843) 448-0504; **USS *Arkansas* BB 33,**Cherry Hill, NJ, 10/1-5, Darrell Baker, (623) 548-6200, darkansastravler@aol.com; **USS *Ashtabula* AO 51,** Atlanta, 6/19-22, Paul McGinty, (770) 233-8916, paulingriffin@aol.com; **USS *Basilan* AG 68,** Milwaukee, 8/17-21, Arnold Dunbar, (863) 696-7881; **USS *Beale* DD/DDE 471,** Amana Colonies, IA, 7/25-27, Mary Beth Willis, (515) 827, 5268, mbwillis@globalccs.net; **USS *Bennington* CV/CVA/CVS 20 (1944-1970),** Baton Rouge, LA, 9/24-27, Stephen Leeds, (850) 484-9144, shlsjl@earthlink.net; **USS *Benson* DD 421,** Gettysburg, PA, 9/18-20, Nancy Bailey, (813) 782-9473, nanjean47@aol.com

USS *Bordelon* DD/DDR 881, New Orleans, 9/17-21, Barney Oursler, (410) 789-2281, rbosr@worldnet.att.net; **USS *Boxer* CV/CVA/CVS 21/LPH 4,** Seattle, 9/25-28, Ed Weddle, (509) 773-4839, wedd@gorge.net; **USS *Bunch* DE 694/APD 79,** Nashville, TN, 9/8-12, David Hibbs, (717) 637-7723, jbwdlh@netrax.net; **USS *Bunker Hill* CV 17,** Seattle, 9/2-7, Al Skaret, (206) 935-0314; **USS *Bushnell* AS 15,** Key West, FL, 5/30-6/2, Andrew Gorto, (570) 826-1811, aaotrog@msn.com; **USS *Butte* AE 27,** Milwaukee, 9/17-21, Ralph Gaul, (717) 436-6814, randlgaul@pa.net ; **USS *Camden* AOE 2,** Milwaukee, 9/17-21, Ralph Gaul, (717) 436-6814, randlgaul@pa.net; **USS *Cebu* ARG 6,** San Antonio, 10/13-17, Clinton DeWolfe, (830) 833-5314, lobo@moment.net; **USS *Chara* AE 31,** Milwaukee, 9/17-21, Ralph Gaul, (717) 436-6814, randlgaul@pa.net; **USS *Chemung* AO 30,** Detroit, 9/17-21, Robert McBrayer, (313) 928-3109, rmcbrayer@metroshores.net

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COMRADES IN DISTRESS

A Co 1st Bn 12th Cav 1st Cav Div. Douglas G. Moses needs witnesses to verify two soldiers were killed and several wounded when a "short round" from their own mortars fell on their position in October or November 1971 in Vietnam. CID 1449

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30th Trans Co AAM (Langendiebach, Germany, 1957-1959), David W. Thompson, (860) 589-8383
31st Inf Rgt 4th Bn Delta Co (Vietnam), Vance A. Van Wieren, (269) 543-3661, w196nam@i2k.com
33rd Inf Div HQ MP Plt (Pacific Theater, 1946), J.T. Wilson, (270) 251-2713, zwilson@apex.net
35th Armor 4th Armd Div B Co HQ (Erlangen, Germany, Aug 1960-Apr 1962), Tom Purcell, (760) 364-3488, tompurcell@juno.com
36th AAA Gun Bn C Btry (Fort Bliss, TX & Washington DC, Aug 1950-Aug 1952), Clyde E. Ditto, (660) 882-7674
39th Bomb Grp 20th AAF (Guam, WWII), Paul Nicassio, (562) 425-7269
42nd FA Bn C Btry 4th Div (Gelnhausen, Germany, 1952-1955), Ray Wood, (972) 247-0296
43rd Inf Div (Augsburg, Germany, Jan 1953-May 1954), Don Dietz, (701) 547-3863
46th Med Bn 4th Armd Div (Dec 1944-Jan 1945), Albert R. Kladky, (314) 521-0242, akladky1@hotmail.com
47th Eng Co (Fort Wainwright, AK, Oct 1974-Aug 1976), Mark U. Brett, (509) 547-0378
49th Stat Hosp (St. Neots, England, 1943), William L. Flagler, (408) 374-6386, flagler@earthlink.net
51st QM Base Depot HQ Co (Munich, Germany, 1952-1955), Ray Wood, (972) 247-0296
52nd AAA Bde C Btry 15th AAA (Miller Field, Staten Island, NY, Feb 1957-Oct 1961), Michael Gerrek, (440) 237-5850
55th TC Floating Spare Parts Depot (New Orleans), Lester Voll, 558 Canyon Road, Redwood City, CA 94062
57th Ftr Grp (Alaska, 1947-1948), J.D. Schmidt, (505) 666-2466
62nd Sig Bn IX Corps (Sendai, Japan, 1948-1950) Vance Sutley (253) 835-9601, vsutley@aol.com
71st Spec Opn Sqdns (Vietnam, 1969-1973), Gus Sininger, (850) 654-0212, g.sininger@seii.net
86th Field Hosp (Seoul, Korea, Oct 1945-Nov 1946), John Momper, (260) 749-1586, jdmomper@msn.com
90th AAA Gny Bn (Fort Bliss, TX, 1952-1954), Clarence Mojewski, (618) 542-6539
90th SRW (Forbes AFB, KS, 1951-1961), Chuck Hale, (785) 865-5794, chuckhale@earthlink.net
93rd NCB (Southwest Pacific Theater, 1943-1946), Jim Smith, (410) 326-2376, drumpoint@netzero.net
98th Airdrome Sqdn (1943-1945), Irving Burdick, 19 Burdick Way, Stanfordville, NY 12581, iburdick@aol.com
115th Inf Cannon Co (Bremen, Germany, 1945), Frank Benham, (480) 948-9177
126th Bomb Wing (Laon, France, 1951-1953), Gene Westerman, (847) 742-8711, westy1931@aol.com
159th Avn Bn 101st Abn Div Chinook Heli (Phu Bai or Camp Eagle, Vietnam, 1968-1972), Randy Kirby, (303) 628-6910, randyfe110@yahoo.com
177th FA Bn (July 1947-July 1950), C.R. Cook, P.O. Box 304, Benton, KY, 42025
252nd Remount Sqdn (New Orleans, 1942), James Ezell, (504) 288-2847
264th FA (WWII), Bob Latz, (330) 493-4657, rlatz@mindspring.com
291st MP Co (Redstone Arsenal, AL, 1961-1964), Bob Clapsaddle, (717) 762-1767, gclapsad@innernet.net
302nd MP Escort Co (USA D-Day, France, Holland, Germany, 1943-1945), Bill Heath, (253) 863-1481, wheath253@aol0.com
317th Field Maint Sqdn (Neubiberg AFB, Germany, 1955-1958), Jacques A. Hahn, (651) 429-5136
317th Trp Carrier Grp 39th Sqdn (Tachikawa & Cele, 1947-1949), Lynwood Davis, (337) 238-2966
352nd Trans Co Light Truck 48th Trans Grp 6th Bn Co (Long Binh, Vietnam, July 1968-July 1969), Tom Henrichs, (850) 626-2638
377th Stat Hosp, (Seoul, Korea, Oct 1945-Nov 1946), John Momper, (260) 749-1586, jdmomper@msn.com

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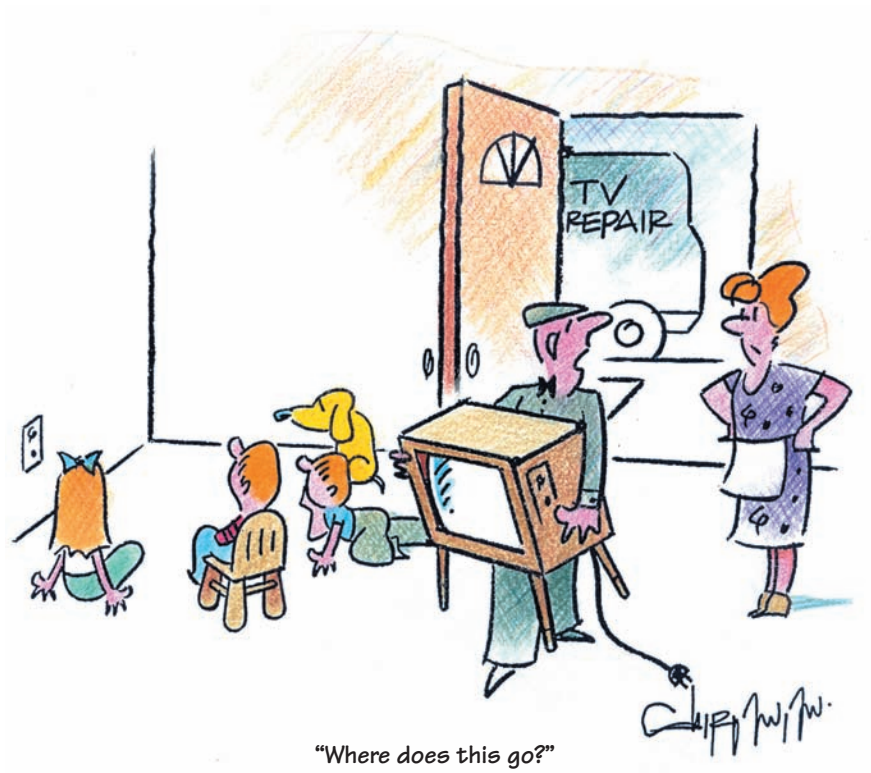
"We would rather do business with 1,000 al-Qaida terrorists than a single American."

– Sign at a funeral home in Philadelphia

PERSONALLY, I'VE NEVER READ the Hippocratic Oath that doctors take – but I think it's against poverty.

BIZARRE FACTS

■ A duck's quack doesn't echo, and no one knows why.
■ On average, 100 people choke to death on ballpoint pens every year.
■ On average, people fear spiders more than they do death.
■ Thirty-five percent of the people who use personal ads for dating already are married.
■ Elephants are the only animals that can't jump.
■ Only one person in 2 billion will live to be 116 or older.
■ No word in the English language rhymes with "month."
■ "Typewriter" is the longest word that can be made using letters only on one row of the keyboard.
■ "Go" is the shortest complete sentence in the English language.
■ If Barbie were a person, her measurements would be 39-23-33. She would stand 7 feet 2 inches tall.
■ On average, Americans eat 18 acres of pizza every day.



"Where does this go?"

"Jane isn't here right now. She's at the mall, jump-starting the economy."

A MAN BUYS a pet parrot and brings him home. But the parrot starts insulting him, so the man picks up the parrot and throws him in the freezer to teach him a lesson. He hears the bird squawking for a few minutes, and all of a sudden the parrot is quiet. The man opens the freezer door, and the parrot walks out, looks up at him and says, "I apologize for offending you, and I humbly ask your forgiveness."

The man says, "Well, thank you. I forgive you."

The parrot then says, "If you don't mind my asking, what did the chicken do?"

A COLLEGE STUDENT walked into his ornithology class and found five birds with bags over their heads so only their feet were visible. "What's this?" he asked.

"It's an exam," the professor explained. "Your job is to identify each bird by looking at its feet."

"What a stupid test," the student retorted.

"What's your name?" the professor demanded.

The student pulled up his pant legs and answered, "You tell me."

FOR LOVERS OF WORDS

■ What's the definition of a will? It's a dead giveaway.
■ A backward poet writes inverse.
■ A chicken crossing the road is poultry in motion.
■ The man who fell into an upholstery machine is fully recovered.
■ Every calendar's days are numbered.
■ The short fortuneteller who escaped from prison was a small medium at large.
■ Those who get too big for their britches will be exposed in the end.
■ Acupuncture is a jab well done.
■ If you don't pay the exorcist, you'll be repossessed.

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